

## Chapter I HOME Program Basics

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**ANNUAL INCOME CALCULATION SHEET**

1. Name		2. Identification			
<b>ASSETS</b>					
Family Member		Asset Description		Current Cash Value Assets	Actual Income From Assets
3. Net Cash Value of Assets		3			
4. Total Actual Income from Assets.					4
5. If line 3 is greater than \$5,000, multiply line by _____ (Passbook Rate) and enter results here: otherwise, leave blank.					5
<b>ANTICIPATED ANNUAL INCOME</b>					
Family Members	a. Wages/ Salaries	b. Benefits/ Pensions	c. Public Assistance	d. Other Income	e. Asset Income
					Enter the greater of lines 4 or 5 from above in e.
6. Totals	a.	b.	c.	d.	e.
7. Enter total of items from 6a through 6e. This is Annual Income.					7

**2003 HOME Program**  
**Maximum Purchase Price/After-Rehab Value Limits**  
**(as of March 20, 2003)**

<b>County Name</b>	<b>One-Family</b>	<b>Two-Family</b>	<b>Three-Family</b>	<b>Four-Family</b>	<b>Last Updated</b>
ALAMEDA	\$280,749	\$359,397	\$434,391	\$539,835	Jan 1 2003
ALPINE	\$154,896	\$198,288	\$239,664	\$297,840	Jan 1 2003
AMADOR	\$166,250	\$198,288	\$239,664	\$297,840	Jan 1 2003
BUTTE	\$163,875	\$198,288	\$239,664	\$297,840	Jan 1 2003
CALAVERAS	\$154,896	\$198,288	\$239,664	\$297,840	Jan 1 2003
COLUSA	\$154,896	\$198,288	\$239,664	\$297,840	Jan 1 2003
CONTRA COSTA	\$280,749	\$359,397	\$434,391	\$539,835	Jan 1 2003
DEL NORTE	\$154,896	\$198,288	\$239,664	\$297,840	Jan 1 2003
EL DORADO	\$261,609	\$310,300	\$377,000	\$435,000	Oct 30 2002
FRESNO	\$154,896	\$198,288	\$239,664	\$297,840	Jan 1 2003
GLENN	\$154,896	\$198,288	\$239,664	\$297,840	Jan 1 2003
HUMBOLDT	\$185,250	\$237,120	\$286,915	\$355,775	Jan 1 2003
IMPERIAL	\$154,896	\$198,288	\$239,664	\$297,840	Jan 1 2003
INYO	\$201,850	\$227,350	\$276,250	\$318,750	Nov 20 2002
KERN	\$154,896	\$198,288	\$239,664	\$297,840	Jan 1 2003
KINGS	\$154,896	\$198,288	\$239,664	\$297,840	Jan 1 2003
LAKE	\$154,896	\$198,288	\$239,664	\$297,840	Jan 2 2003
LASSEN	\$154,896	\$198,288	\$239,664	\$297,840	Jan 1 2003
LOS ANGELES	\$275,500	\$310,300	\$377,000	\$435,000	Jan 1 2003
MADERA	\$154,896	\$198,288	\$239,664	\$297,840	Jan 1 2003
MARIN	\$280,749	\$359,397	\$434,391	\$539,835	Jan 1 2003
MARIPOSA	\$154,896	\$198,288	\$239,664	\$297,840	Jan 1 2003
MENDOCINO	\$237,500	\$267,500	\$325,000	\$375,000	Oct 3 2002
MERCED	\$169,100	\$198,288	\$239,664	\$297,840	Jan 1 2003
MODOC	\$154,896	\$198,288	\$239,664	\$297,840	Jan 1 2003
MONO	\$261,609	\$303,300	\$368,550	\$425,250	Sep 17 2002
MONTEREY	\$512,050	\$655,424	\$838,943	\$1,073,847	Jan 1 2003
NAPA	\$280,749	\$334,863	\$404,724	\$472,500	Jan 1 2003
NEVADA	\$237,500	\$267,500	\$325,000	\$375,000	Nov 28 2001
ORANGE	\$280,749	\$359,397	\$434,391	\$539,835	Jan 1 2003

**2003 HOME Program**  
**Maximum Purchase Price/After-Rehab Value Limits**  
**(as of March 20, 2003)**

<b>County Name</b>	<b>One-Family</b>	<b>Two-Family</b>	<b>Three-Family</b>	<b>Four-Family</b>	<b>Last Updated</b>
PLACER	\$261,609	\$310,300	\$377,000	\$435,000	Oct 30 2002
PLUMAS	\$154,896	\$198,288	\$239,664	\$297,840	Jan 1 2003
RIVERSIDE	\$198,353	\$223,408	\$271,430	\$313,188	Jan 1 2003
SACRAMENTO	\$261,609	\$310,300	\$377,000	\$435,000	Oct 30 2002
SAN BENITO	\$261,609	\$334,863	\$404,724	\$502,990	Jan 1 2002
SAN BERNARDINO	\$198,353	\$223,408	\$271,430	\$313,188	Jan 1 2003
SAN DIEGO	\$280,749	\$359,397	\$434,391	\$539,835	Jan 1 2003
SAN FRANCISCO	\$280,749	\$359,397	\$434,391	\$539,835	Jan 1 2003
SAN JOAQUIN	\$261,609	\$302,275	\$367,250	\$423,750	Jan 1 2002
SAN LUIS OBISPO	\$280,749	\$359,397	\$434,391	\$517,500	Jan 1 2003
SAN MATEO	\$280,749	\$359,397	\$434,391	\$539,835	Jan 1 2003
SANTA BARBARA	\$280,749	\$334,863	\$404,724	\$502,500	Mar 11 2003
SANTA CLARA	\$280,749	\$359,397	\$434,391	\$539,835	Jan 1 2003
SANTA CRUZ	\$280,749	\$359,397	\$434,391	\$539,835	Jan 1 2003
SHASTA	\$161,405	\$198,288	\$239,664	\$297,840	Jan 1 2003
SIERRA	\$154,896	\$198,288	\$239,664	\$297,840	Jan 1 2003
SISKIYOU	\$154,896	\$198,288	\$239,664	\$297,840	Jan 1 2003
SOLANO	\$280,749	\$334,863	\$404,724	\$472,500	Jan 1 2003
SONOMA	\$280,749	\$359,397	\$434,391	\$539,835	Jan 1 2003
STANISLAUS	\$202,350	\$227,910	\$276,900	\$319,500	Jan 1 2003
SUTTER	\$156,750	\$198,288	\$239,664	\$297,840	Jan 1 2003
TEHAMA	\$154,896	\$198,288	\$239,664	\$297,840	Jan 1 2003
TRINITY	\$154,896	\$198,288	\$239,664	\$297,840	Jan 1 2003
TULARE	\$154,896	\$198,288	\$239,664	\$297,840	Jan 1 2003
TUOLUMNE	\$185,250	\$208,650	\$253,500	\$297,840	Feb 27 2003
VENTURA	\$280,749	\$358,450	\$434,391	\$502,500	Jan 1 2003
YOLO	\$255,550	\$287,800	\$349,700	\$403,500	Mar 11 2003
YUBA	\$156,750	\$198,288	\$239,664	\$297,840	Jan 1 2003

----- H O M E P R O G R A M R E N T S -----

	P R O G R A M	EFFICIENCY	1 BEDROOM	2 BEDROOM	3 BEDROOM	4 BEDROOM	5 BEDROOM	6 BEDROOM
Bakersfield, CA MSA	LOW HOME RENT LIMIT	397	425	511	590	658	726	794
	HIGH HOME RENT LIMIT	407	457	575	733	799	862	927
	For Information Only:							
	FAIR MAREKT RENT	407	457	575	798	883	1015	1147
	50 RENT LIMIT	397	425	511	590	658	726	794
	65 RENT LIMIT	496	533	642	733	799	862	927
Chico--Paradise, CA MSA	LOW HOME RENT LIMIT	372	425	511	590	658	726	794
	HIGH HOME RENT LIMIT	372	479	637	733	799	862	927
	For Information Only:							
	FAIR MAREKT RENT	372	479	637	874	1045	1201	1358
	50 RENT LIMIT	397	425	511	590	658	726	794
	65 RENT LIMIT	496	533	642	733	799	862	927
Fresno, CA MSA	LOW HOME RENT LIMIT	397	425	511	590	658	726	794
	HIGH HOME RENT LIMIT	436	487	582	733	799	862	927
	For Information Only:							
	FAIR MAREKT RENT	436	487	582	811	934	1074	1214
	50 RENT LIMIT	397	425	511	590	658	726	794
	65 RENT LIMIT	496	533	642	733	799	862	927
Los Angeles--Long Beach, CA PMSA	LOW HOME RENT LIMIT	493	528	635	733	817	901	987
	HIGH HOME RENT LIMIT	621	668	803	919	1006	1091	1177
	For Information Only:							
	FAIR MAREKT RENT	638	764	967	1305	1558	1791	2025
	50 RENT LIMIT	493	528	635	733	817	901	987
	65 RENT LIMIT	621	668	803	919	1006	1091	1177
Merced, CA MSA	LOW HOME RENT LIMIT	397	425	511	590	658	726	794
	HIGH HOME RENT LIMIT	444	501	608	733	799	862	927
	For Information Only:							
	FAIR MAREKT RENT	444	501	608	841	992	1140	1289
	50 RENT LIMIT	397	425	511	590	658	726	794
	65 RENT LIMIT	496	533	642	733	799	862	927

----- H O M E P R O G R A M R E N T S -----

P R O G R A M		EFFICIENCY	1 BEDROOM	2 BEDROOM	3 BEDROOM	4 BEDROOM	5 BEDROOM	6 BEDROOM
Modesto, CA MSA	LOW HOME RENT LIMIT	420	450	540	623	696	768	840
	HIGH HOME RENT LIMIT	526	565	681	777	848	917	986
	For Information Only:							
	FAIR MAREKT RENT	530	569	694	968	1142	1313	1484
	50 RENT LIMIT	420	450	540	623	696	768	840
	65 RENT LIMIT	526	565	681	777	848	917	986
Oakland, CA PMSA	LOW HOME RENT LIMIT	701	751	901	1041	1161	1281	1401
	HIGH HOME RENT LIMIT	891	956	1149	1320	1453	1584	1716
	For Information Only:							
	FAIR MAREKT RENT	905	1095	1374	1883	2249	2586	2923
	50 RENT LIMIT	701	751	901	1041	1161	1281	1401
	65 RENT LIMIT	891	956	1149	1320	1453	1584	1716
Orange County, CA PMSA	LOW HOME RENT LIMIT	661	708	850	982	1096	1209	1323
	HIGH HOME RENT LIMIT	840	901	1084	1244	1368	1491	1614
	For Information Only:							
	FAIR MAREKT RENT	855	934	1155	1607	1788	2056	2324
	50 RENT LIMIT	661	708	850	982	1096	1209	1323
	65 RENT LIMIT	840	901	1084	1244	1368	1491	1614
Redding, CA MSA	LOW HOME RENT LIMIT	397	425	511	590	658	726	794
	HIGH HOME RENT LIMIT	423	469	587	733	799	862	927
	For Information Only:							
	FAIR MAREKT RENT	423	469	587	815	960	1104	1248
	50 RENT LIMIT	397	425	511	590	658	726	794
	65 RENT LIMIT	496	533	642	733	799	862	927
Riverside--San Bernardino, CA PMSA	LOW HOME RENT LIMIT	446	478	573	663	740	815	892
	HIGH HOME RENT LIMIT	507	564	690	828	904	979	1054
	For Information Only:							
	FAIR MAREKT RENT	507	564	690	957	1130	1299	1469
	50 RENT LIMIT	446	478	573	663	740	815	892
	65 RENT LIMIT	560	601	724	828	904	979	1054

----- H O M E P R O G R A M R E N T S -----

P R O G R A M		EFFICIENCY	1 BEDROOM	2 BEDROOM	3 BEDROOM	4 BEDROOM	5 BEDROOM	6 BEDROOM
Sacramento, CA PMSA	LOW HOME RENT LIMIT	523	560	672	777	867	956	1046
	HIGH HOME RENT LIMIT	651	709	853	977	1070	1162	1254
	For Information Only:							
	FAIR MAREKT RENT	651	733	918	1273	1501	1726	1951
	50 RENT LIMIT	523	560	672	777	867	956	1046
	65 RENT LIMIT	660	709	853	977	1070	1162	1254
Salinas, CA MSA	LOW HOME RENT LIMIT	500	535	642	742	827	913	999
	HIGH HOME RENT LIMIT	630	676	813	931	1019	1106	1193
	For Information Only:							
	FAIR MAREKT RENT	694	812	979	1360	1427	1641	1855
	50 RENT LIMIT	500	535	642	742	827	913	999
	65 RENT LIMIT	630	676	813	931	1019	1106	1193
San Diego, CA MSA	LOW HOME RENT LIMIT	558	598	717	829	925	1020	1116
	HIGH HOME RENT LIMIT	706	758	911	1044	1145	1245	1345
	For Information Only:							
	FAIR MAREKT RENT	766	875	1095	1524	1796	2065	2334
	50 RENT LIMIT	558	598	717	829	925	1020	1116
	65 RENT LIMIT	706	758	911	1044	1145	1245	1345
San Francisco, CA PMSA	LOW HOME RENT LIMIT	990	1060	1272	1470	1640	1809	1979
	HIGH HOME RENT LIMIT	1185	1358	1632	1877	2075	2271	2467
	For Information Only:							
	FAIR MAREKT RENT	1185	1535	1940	2661	2816	3238	3660
	50 RENT LIMIT	990	1060	1272	1470	1640	1809	1979
	65 RENT LIMIT	1266	1358	1632	1877	2075	2271	2467
San Jose, CA PMSA	LOW HOME RENT LIMIT	923	989	1187	1371	1530	1688	1846
	HIGH HOME RENT LIMIT	1148	1231	1478	1700	1876	2052	2229
	For Information Only:							
	FAIR MAREKT RENT	1250	1425	1760	2412	2709	3115	3521
	50 RENT LIMIT	923	989	1187	1371	1530	1688	1846
	65 RENT LIMIT	1148	1231	1478	1700	1876	2052	2229



----- H O M E P R O G R A M R E N T S -----

P R O G R A M		EFFICIENCY	1 BEDROOM	2 BEDROOM	3 BEDROOM	4 BEDROOM	5 BEDROOM	6 BEDROOM
San Luis Obispo--Atascadero--Paso	LOW HOME RENT LIMIT	505	541	648	750	836	923	1009
	HIGH HOME RENT LIMIT	619	683	822	941	1030	1118	1207
	For Information Only:							
	FAIR MAREKT RENT	619	699	886	1232	1454	1672	1890
	50 RENT LIMIT	505	541	648	750	836	923	1009
	65 RENT LIMIT	636	683	822	941	1030	1118	1207
Santa Barbara--Santa Maria--Lompoc	LOW HOME RENT LIMIT	530	568	681	787	878	969	1060
	HIGH HOME RENT LIMIT	669	718	864	990	1085	1179	1273
	For Information Only:							
	FAIR MAREKT RENT	696	773	980	1364	1540	1771	2002
	50 RENT LIMIT	530	568	681	787	878	969	1060
	65 RENT LIMIT	669	718	864	990	1085	1179	1273
Santa Cruz--Watsonville, CA PMSA	LOW HOME RENT LIMIT	662	710	851	984	1097	1211	1324
	HIGH HOME RENT LIMIT	816	903	1086	1245	1370	1492	1616
	For Information Only:							
	FAIR MAREKT RENT	816	972	1298	1805	2114	2431	2748
	50 RENT LIMIT	662	710	851	984	1097	1211	1324
	65 RENT LIMIT	841	903	1086	1245	1370	1492	1616
Santa Rosa, CA PMSA	LOW HOME RENT LIMIT	626	670	805	929	1036	1144	1251
	HIGH HOME RENT LIMIT	767	852	1024	1175	1290	1406	1522
	For Information Only:							
	FAIR MAREKT RENT	767	869	1126	1566	1849	2126	2403
	50 RENT LIMIT	626	670	805	929	1036	1144	1251
	65 RENT LIMIT	794	852	1024	1175	1290	1406	1522
Stockton--Lodi, CA MSA	LOW HOME RENT LIMIT	442	474	568	657	733	809	885
	HIGH HOME RENT LIMIT	504	569	718	821	896	971	1046
	For Information Only:							
	FAIR MAREKT RENT	504	569	731	1018	1200	1380	1560
	50 RENT LIMIT	442	474	568	657	733	809	885
	65 RENT LIMIT	555	596	718	821	896	971	1046

----- H O M E P R O G R A M R E N T S -----

P R O G R A M		EFFICIENCY	1 BEDROOM	2 BEDROOM	3 BEDROOM	4 BEDROOM	5 BEDROOM	6 BEDROOM
Vallejo--Fairfield--Napa, CA PMSA	LOW HOME RENT LIMIT	593	635	762	881	982	1085	1186
	HIGH HOME RENT LIMIT	751	806	969	1112	1220	1328	1436
	For Information Only:							
	FAIR MAREKT RENT	784	891	1086	1508	1779	2045	2312
	50 RENT LIMIT	593	635	762	881	982	1085	1186
	65 RENT LIMIT	751	806	969	1112	1220	1328	1436
Ventura, CA PMSA	LOW HOME RENT LIMIT	653	700	840	971	1083	1195	1307
	HIGH HOME RENT LIMIT	743	854	1071	1229	1350	1472	1593
	For Information Only:							
	FAIR MAREKT RENT	743	854	1081	1437	1675	1926	2177
	50 RENT LIMIT	653	700	840	971	1083	1195	1307
	65 RENT LIMIT	830	891	1071	1229	1350	1472	1593
Visalia--Tulare--Porterville, CA	LOW HOME RENT LIMIT	397	425	511	590	658	726	794
	HIGH HOME RENT LIMIT	412	439	572	733	799	862	927
	For Information Only:							
	FAIR MAREKT RENT	412	439	572	798	911	1047	1184
	50 RENT LIMIT	397	425	511	590	658	726	794
	65 RENT LIMIT	496	533	642	733	799	862	927
Yolo, CA PMSA	LOW HOME RENT LIMIT	498	534	641	741	826	911	997
	HIGH HOME RENT LIMIT	532	607	752	929	1018	1104	1191
	For Information Only:							
	FAIR MAREKT RENT	532	607	752	1040	1230	1414	1599
	50 RENT LIMIT	498	534	641	741	826	911	997
	65 RENT LIMIT	629	675	812	929	1018	1104	1191
Yuba City, CA MSA	LOW HOME RENT LIMIT	367	425	511	590	658	726	794
	HIGH HOME RENT LIMIT	367	429	551	733	799	862	927
	For Information Only:							
	FAIR MAREKT RENT	367	429	551	769	888	1021	1154
	50 RENT LIMIT	397	425	511	590	658	726	794
	65 RENT LIMIT	496	533	642	733	799	862	927

----- H O M E P R O G R A M R E N T S -----

	P R O G R A M	EFFICIENCY	1 BEDROOM	2 BEDROOM	3 BEDROOM	4 BEDROOM	5 BEDROOM	6 BEDROOM
Alpine County	LOW HOME RENT LIMIT	332	498	563	718	801	885	967
	HIGH HOME RENT LIMIT	332	498	563	782	842	968	1094
	For Information Only:							
	FAIR MAREKT RENT	332	498	563	782	842	968	1094
	50 RENT LIMIT	483	518	622	718	801	885	967
	65 RENT LIMIT	609	654	787	900	985	1068	1152
Amador County	LOW HOME RENT LIMIT	458	504	630	728	812	895	980
	HIGH HOME RENT LIMIT	458	504	673	912	998	1083	1168
	For Information Only:							
	FAIR MAREKT RENT	458	504	673	937	1045	1201	1358
	50 RENT LIMIT	490	525	630	728	812	895	980
	65 RENT LIMIT	618	663	797	912	998	1083	1168
Calaveras County	LOW HOME RENT LIMIT	401	464	593	686	765	845	924
	HIGH HOME RENT LIMIT	401	464	618	858	938	1016	1095
	For Information Only:							
	FAIR MAREKT RENT	401	464	618	861	1013	1164	1316
	50 RENT LIMIT	462	495	593	686	765	845	924
	65 RENT LIMIT	580	623	751	858	938	1016	1095
Colusa County	LOW HOME RENT LIMIT	363	406	511	590	658	726	794
	HIGH HOME RENT LIMIT	363	406	522	728	799	862	927
	For Information Only:							
	FAIR MAREKT RENT	363	406	522	728	842	968	1094
	50 RENT LIMIT	397	425	511	590	658	726	794
	65 RENT LIMIT	496	533	642	733	799	862	927
Del Norte County	LOW HOME RENT LIMIT	339	425	511	590	658	726	794
	HIGH HOME RENT LIMIT	339	465	618	733	799	862	927
	For Information Only:							
	FAIR MAREKT RENT	339	465	618	862	1015	1167	1319
	50 RENT LIMIT	397	425	511	590	658	726	794
	65 RENT LIMIT	496	533	642	733	799	862	927

	P R O G R A M	EFFICIENCY	1 BEDROOM	2 BEDROOM	3 BEDROOM	4 BEDROOM	5 BEDROOM	6 BEDROOM
Glenn County	LOW HOME RENT LIMIT	332	406	511	590	658	726	794
	HIGH HOME RENT LIMIT	332	406	522	728	799	862	927
	For Information Only:							
	FAIR MAREKT RENT	332	406	522	728	842	968	1094
	50 RENT LIMIT	397	425	511	590	658	726	794
	65 RENT LIMIT	496	533	642	733	799	862	927
Humboldt County	LOW HOME RENT LIMIT	342	425	511	590	658	726	794
	HIGH HOME RENT LIMIT	342	474	621	733	799	862	927
	For Information Only:							
	FAIR MAREKT RENT	342	474	621	867	1025	1178	1332
	50 RENT LIMIT	397	425	511	590	658	726	794
	65 RENT LIMIT	496	533	642	733	799	862	927
Imperial County	LOW HOME RENT LIMIT	374	425	511	590	658	726	794
	HIGH HOME RENT LIMIT	374	469	577	733	799	862	927
	For Information Only:							
	FAIR MAREKT RENT	374	469	577	804	842	968	1094
	50 RENT LIMIT	397	425	511	590	658	726	794
	65 RENT LIMIT	496	533	642	733	799	862	927
Inyo County	LOW HOME RENT LIMIT	344	445	535	617	688	760	831
	HIGH HOME RENT LIMIT	344	464	595	769	838	906	976
	For Information Only:							
	FAIR MAREKT RENT	344	464	595	781	842	968	1094
	50 RENT LIMIT	416	445	535	617	688	760	831
	65 RENT LIMIT	520	559	673	769	838	906	976
Kings County	LOW HOME RENT LIMIT	384	425	511	590	658	726	794
	HIGH HOME RENT LIMIT	384	448	558	733	799	862	927
	For Information Only:							
	FAIR MAREKT RENT	384	448	558	777	914	1051	1188
	50 RENT LIMIT	397	425	511	590	658	726	794
	65 RENT LIMIT	496	533	642	733	799	862	927

	P R O G R A M	EFFICIENCY	1 BEDROOM	2 BEDROOM	3 BEDROOM	4 BEDROOM	5 BEDROOM	6 BEDROOM
Lake County	LOW HOME RENT LIMIT	373	425	511	590	658	726	794
	HIGH HOME RENT LIMIT	373	475	635	733	799	862	927
	For Information Only:							
	FAIR MAREKT RENT	373	475	635	799	1041	1197	1353
	50 RENT LIMIT	397	425	511	590	658	726	794
	65 RENT LIMIT	496	533	642	733	799	862	927
Lassen County	LOW HOME RENT LIMIT	406	411	534	617	688	760	831
	HIGH HOME RENT LIMIT	406	411	534	728	838	906	976
	For Information Only:							
	FAIR MAREKT RENT	406	411	534	728	842	968	1094
	50 RENT LIMIT	416	445	535	617	688	760	831
	65 RENT LIMIT	520	559	673	769	838	906	976
Mariposa County	LOW HOME RENT LIMIT	359	431	517	598	667	735	805
	HIGH HOME RENT LIMIT	359	456	586	744	810	875	941
	For Information Only:							
	FAIR MAREKT RENT	359	456	586	768	905	1040	1176
	50 RENT LIMIT	402	431	517	598	667	735	805
	65 RENT LIMIT	504	541	651	744	810	875	941
Mendocino County	LOW HOME RENT LIMIT	403	432	518	599	668	738	806
	HIGH HOME RENT LIMIT	459	542	652	745	811	877	942
	For Information Only:							
	FAIR MAREKT RENT	459	553	679	945	952	1094	1237
	50 RENT LIMIT	403	432	518	599	668	738	806
	65 RENT LIMIT	505	542	652	745	811	877	942
Modoc County	LOW HOME RENT LIMIT	363	406	511	590	658	726	794
	HIGH HOME RENT LIMIT	363	406	522	728	799	862	927
	For Information Only:							
	FAIR MAREKT RENT	363	406	522	728	842	968	1094
	50 RENT LIMIT	397	425	511	590	658	726	794
	65 RENT LIMIT	496	533	642	733	799	862	927

----- H O M E P R O G R A M R E N T S -----

	P R O G R A M	EFFICIENCY	1 BEDROOM	2 BEDROOM	3 BEDROOM	4 BEDROOM	5 BEDROOM	6 BEDROOM
Mono County	LOW HOME RENT LIMIT	477	511	613	708	790	871	953
	HIGH HOME RENT LIMIT	506	607	776	887	970	1052	1135
	For Information Only:							
	FAIR MAREKT RENT	506	607	807	1123	1327	1526	1725
	50 RENT LIMIT	477	511	613	708	790	871	953
	65 RENT LIMIT	600	644	776	887	970	1052	1135
Nevada County	LOW HOME RENT LIMIT	415	553	663	766	855	944	1032
	HIGH HOME RENT LIMIT	415	568	757	963	1055	1145	1236
	For Information Only:							
	FAIR MAREKT RENT	415	568	757	1052	1218	1400	1583
	50 RENT LIMIT	516	553	663	766	855	944	1032
	65 RENT LIMIT	651	699	841	963	1055	1145	1236
Plumas County	LOW HOME RENT LIMIT	366	406	522	636	710	784	857
	HIGH HOME RENT LIMIT	366	406	522	728	842	937	1009
	For Information Only:							
	FAIR MAREKT RENT	366	406	522	728	842	968	1094
	50 RENT LIMIT	428	459	551	636	710	784	857
	65 RENT LIMIT	538	578	694	794	866	937	1009
San Benito County	LOW HOME RENT LIMIT	571	629	755	872	972	1073	1174
	HIGH HOME RENT LIMIT	571	672	841	1100	1208	1314	1420
	For Information Only:							
	FAIR MAREKT RENT	571	672	841	1172	1371	1576	1782
	50 RENT LIMIT	587	629	755	872	972	1073	1174
	65 RENT LIMIT	744	798	959	1100	1208	1314	1420
Sierra County	LOW HOME RENT LIMIT	332	445	535	617	688	760	831
	HIGH HOME RENT LIMIT	332	446	548	761	838	906	976
	For Information Only:							
	FAIR MAREKT RENT	332	446	548	761	898	1032	1167
	50 RENT LIMIT	416	445	535	617	688	760	831
	65 RENT LIMIT	520	559	673	769	838	906	976

----- H O M E P R O G R A M R E N T S -----

	P R O G R A M	EFFICIENCY	1 BEDROOM	2 BEDROOM	3 BEDROOM	4 BEDROOM	5 BEDROOM	6 BEDROOM
Siskiyou County	LOW HOME RENT LIMIT	348	406	511	590	658	726	794
	HIGH HOME RENT LIMIT	348	406	522	728	799	862	927
	For Information Only:							
	FAIR MAREKT RENT	348	406	522	728	842	968	1094
	50 RENT LIMIT	397	425	511	590	658	726	794
	65 RENT LIMIT	496	533	642	733	799	862	927
Tehama County	LOW HOME RENT LIMIT	347	406	511	590	658	726	794
	HIGH HOME RENT LIMIT	347	406	522	728	799	862	927
	For Information Only:							
	FAIR MAREKT RENT	347	406	522	728	842	968	1094
	50 RENT LIMIT	397	425	511	590	658	726	794
	65 RENT LIMIT	496	533	642	733	799	862	927
Trinity County	LOW HOME RENT LIMIT	372	406	511	590	658	726	794
	HIGH HOME RENT LIMIT	372	406	522	728	799	862	927
	For Information Only:							
	FAIR MAREKT RENT	372	406	522	728	842	968	1094
	50 RENT LIMIT	397	425	511	590	658	726	794
	65 RENT LIMIT	496	533	642	733	799	862	927
Tuolumne County	LOW HOME RENT LIMIT	367	448	537	621	692	765	836
	HIGH HOME RENT LIMIT	367	501	668	774	844	912	981
	For Information Only:							
	FAIR MAREKT RENT	367	501	668	930	1096	1260	1424
	50 RENT LIMIT	418	448	537	621	692	765	836
	65 RENT LIMIT	524	563	677	774	844	912	981

## **PRE-DISBURSEMENT AND SPECIAL CONDITIONS**

### **Troubleshooting of Potential Problems**

The HOME Program Fiscal staff has identified some frequent problems that have occurred. We hope to avoid project delays by bringing these problems to your attention.

#### **Financial Start-Up:**

1. Funds requested for project activities prior to the removal of Standard Agreement conditions or prior to a project being set-up in IDIS.
2. Incurring project costs prior to completing the environmental review process.

### **References**

State HOME Regulations Sections 8200 thru 8220 provide that the Contractor shall comply with any terms and conditions which are necessary to comply with the HOME Investment Partnerships Program federal regulations (24 CFR Part 92).

OMB Management Circular A-87 establish principles and standards for determining costs applicable to grants, contracts and other agreements with State and local governments.

OMB Management Circular A-84 promulgate standards for obtaining consistency and uniformity among federal agencies in the administration of grants to, and other agreements with, public and private institutions of higher education, public and private hospitals, and other quasi-public and private nonprofit organizations. This circular does not apply to grants, contracts, or other agreements between the federal government and units of State or local governments covered by OMB Circular A-87.



**PRE-DISBURSEMENT AND SPECIAL CONDITIONS**

OMB Management Circular A-122 establishes principles for determining costs of grants, contracts and other agreements with nonprofit organizations. It does not apply to colleges and universities which are covered by Circular A-21; State, local, and Federally recognized Indian tribal governments which are covered by OMB Circular A-87; or hospitals. The principles are designed to provide that the federal government bears its fair share of costs except where restricted or prohibited by law. The principles do not attempt to prescribe the extent of cost sharing or matching on grants, contracts, or other agreements. However, such cost sharing or matching shall not be accomplished through arbitrary limitations on individual cost elements by federal agencies. Provisions for profit or other increment above cost is outside the scope of this Circular.

OMB Management Circular A-133 provide policy guidance to federal agencies for establishing uniform requirements for audits of awards provided to institutions of higher education and other nonprofit organizations. It promotes the efficient and effective use of audit services.

HOME Investment Partnerships Program Federal Regulations (24 CFR Part 92) provide the operating and implementing HOME Program regulations.

----- A J U S T E D I N C O M E L I M I T S -----

PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Bakersfield, CA MSA								
30% LIMITS	9616	10900	12250	13600	14700	15800	16900	18000
VERY LOW INCOME	15900	18150	20450	22700	24500	26350	28150	29950
60% LIMITS	19080	21780	24540	27240	29400	31620	33780	35940
LOW INCOME	25400	29050	32700	36300	39250	42150	45050	47950
Chico--Paradise, CA MSA								
30% LIMITS	9616	10900	12250	13600	14700	15800	16900	18000
VERY LOW INCOME	15900	18150	20450	22700	24500	26350	28150	29950
60% LIMITS	19080	21780	24540	27240	29400	31620	33780	35940
LOW INCOME	25400	29050	32700	36300	39250	42150	45050	47950
Fresno, CA MSA								
30% LIMITS	9616	10900	12250	13600	14700	15800	16900	18000
VERY LOW INCOME	15900	18150	20450	22700	24500	26350	28150	29950
60% LIMITS	19080	21780	24540	27240	29400	31620	33780	35940
LOW INCOME	25400	29050	32700	36300	39250	42150	45050	47950
Los Angeles--Long Beach, CA PMSA								
30% LIMITS	11850	13550	15250	16900	18250	19650	21000	22350
VERY LOW INCOME	19750	22550	25400	28200	30450	32700	34950	37200
60% LIMITS	23700	27060	30480	33840	36540	39240	41940	44640
LOW INCOME	31600	36100	40600	45100	48750	52350	55950	59550
Merced, CA MSA								
30% LIMITS	9616	10900	12250	13600	14700	15800	16900	18000
VERY LOW INCOME	15900	18150	20450	22700	24500	26350	28150	29950
60% LIMITS	19080	21780	24540	27240	29400	31620	33780	35940
LOW INCOME	25400	29050	32700	36300	39250	42150	45050	47950
Modesto, CA MSA								
30% LIMITS	10100	11500	12950	14400	15550	16700	17850	19000
VERY LOW INCOME	16800	19200	21600	24000	25900	27850	29750	31700
60% LIMITS	20160	23040	25920	28800	31080	33420	35700	38040
LOW INCOME	26900	30700	34550	38400	41450	44550	47600	50700
Oakland, CA PMSA								
30% LIMITS	16800	19200	21650	24050	25950	27850	29800	31700
VERY LOW INCOME	28050	32050	36050	40050	43250	46450	49650	52850
60% LIMITS	33660	38460	43260	48060	51900	55740	59580	63420
LOW INCOME	44850	51250	57650	64100	69200	74350	79450	84600

----- A J U S T E D I N C O M E L I M I T S -----

PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Orange County, CA PMSA								
30% LIMITS	15900	18150	20400	22700	24500	26300	28100	29950
VERY LOW INCOME	26450	30250	34000	37800	40800	43850	46850	49900
60% LIMITS	31740	36300	40800	45360	48960	52620	56220	59880
LOW INCOME	39550	45200	50850	56500	61000	65550	70050	74600
Redding, CA MSA								
30% LIMITS	9616	10900	12250	13600	14700	15800	16900	18000
VERY LOW INCOME	15900	18150	20450	22700	24500	26350	28150	29950
60% LIMITS	19080	21780	24540	27240	29400	31620	33780	35940
LOW INCOME	25400	29050	32700	36300	39250	42150	45050	47950
Riverside--San Bernardino, CA PMSA								
30% LIMITS	10700	12250	13750	15300	16500	17750	18950	20200
VERY LOW INCOME	17850	20400	22950	25500	27550	29600	31600	33650
60% LIMITS	21420	24480	27540	30600	33060	35520	37920	40380
LOW INCOME	28550	32650	36700	40800	44050	47350	50600	53850
Sacramento, CA PMSA								
30% LIMITS	12550	14350	16150	17950	19400	20800	22250	23700
VERY LOW INCOME	20950	23900	26900	29900	32300	34700	37100	39450
60% LIMITS	25140	28680	32280	35880	38760	41640	44520	47340
LOW INCOME	33500	38250	43050	47850	51650	55500	59300	63150
Salinas, CA MSA								
30% LIMITS	12000	13700	15400	17150	18500	19850	21250	22600
VERY LOW INCOME	20000	22850	25700	28550	30850	33100	35400	37700
60% LIMITS	24000	27420	30840	34260	37020	39720	42480	45240
LOW INCOME	32000	36550	41100	45700	49350	53000	56650	60300
San Diego, CA MSA								
30% LIMITS	13400	15300	17250	19150	20650	22200	23750	25250
VERY LOW INCOME	22350	25500	28700	31900	34450	37000	39550	42100
60% LIMITS	26820	30600	34440	38280	41340	44400	47460	50520
LOW INCOME	35750	40850	45950	51050	55100	59200	63300	67350
San Francisco, CA PMSA								
30% LIMITS	23750	27150	30550	33950	36650	39350	42050	44800
VERY LOW INCOME	39600	45250	50900	56550	61050	65600	70100	74650
60% LIMITS	47520	54300	61080	67860	73260	78720	84120	89580
LOW INCOME	63350	72400	81450	90500	97700	104950	112200	119450

		----- A J U S T E D I N C O M E L I M I T S -----							
	PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
San Jose, CA PMSA									
	30% LIMITS	22150	25300	28500	31650	34200	36700	39250	41800
	VERY LOW INCOME	36950	42200	47500	52750	56950	61200	65400	69650
	60% LIMITS	44340	50640	57000	63300	68340	73440	78480	83580
	LOW INCOME	57450	65650	73850	82100	88650	95200	101800	108350
San Luis Obispo--Atascadero--Paso R									
	30% LIMITS	12100	13850	15600	17300	18700	20100	21450	22850
	VERY LOW INCOME	20200	23100	25950	28850	31150	33450	35750	38100
	60% LIMITS	24240	27720	31140	34620	37380	40140	42900	45720
	LOW INCOME	32300	36950	41550	46150	49850	53550	57250	60950
Santa Barbara--Santa Maria--Lompoc,									
	30% LIMITS	12750	14550	16350	18200	19650	21100	22550	24000
	VERY LOW INCOME	21200	24250	27250	30300	32700	35150	37550	40000
	60% LIMITS	25440	29100	32700	36360	39240	42180	45060	48000
	LOW INCOME	33950	38800	43650	48500	52350	56250	60100	64000
Santa Cruz--Watsonville, CA PMSA									
	30% LIMITS	15900	18150	20450	22700	24550	26350	28150	30000
	VERY LOW INCOME	26500	30300	34050	37850	40900	43900	46950	49950
	60% LIMITS	31800	36360	40860	45420	49080	52680	56340	59940
	LOW INCOME	42400	48450	54500	60550	65400	70250	75100	79950
Santa Rosa, CA PMSA									
	30% LIMITS	15000	17150	19300	21450	23150	24900	26600	28300
	VERY LOW INCOME	25050	28600	32200	35750	38600	41450	44350	47200
	60% LIMITS	30060	34320	38640	42900	46320	49740	53220	56640
	LOW INCOME	39550	45200	50850	56500	61000	65550	70050	74600
Stockton--Lodi, CA MSA									
	30% LIMITS	10650	12150	13650	15200	16400	17600	18800	20050
	VERY LOW INCOME	17700	20250	22750	25300	27300	29350	31350	33400
	60% LIMITS	21240	24300	27300	30360	32760	35220	37620	40080
	LOW INCOME	28350	32400	36450	40500	43700	46950	50200	53450
Vallejo--Fairfield--Napa, CA PMSA									
	30% LIMITS	14250	16250	18300	20350	21950	23600	25200	26850
	VERY LOW INCOME	23750	27100	30500	33900	36600	39300	42050	44750
	60% LIMITS	28500	32520	36600	40680	43920	47160	50460	53700
	LOW INCOME	37950	43400	48800	54250	58600	62900	67250	71600

----- A J U S T E D I N C O M E L I M I T S -----

PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Ventura, CA PMSA								
30% LIMITS	15700	17950	20150	22400	24200	26000	27800	29600
VERY LOW INCOME	26150	29900	33600	37350	40350	43350	46300	49300
60% LIMITS	31380	35880	40320	44820	48420	52020	55560	59160
LOW INCOME	39550	45200	50850	56500	61000	65550	70050	74600
Visalia--Tulare--Porterville, CA MS								
30% LIMITS	9616	10900	12250	13600	14700	15800	16900	18000
VERY LOW INCOME	15900	18150	20450	22700	24500	26350	28150	29950
60% LIMITS	19080	21780	24540	27240	29400	31620	33780	35940
LOW INCOME	25400	29050	32700	36300	39250	42150	45050	47950
Yolo, CA PMSA								
30% LIMITS	11950	13700	15400	17100	18450	19850	21200	22550
VERY LOW INCOME	19950	22800	25650	28500	30800	33050	35350	37600
60% LIMITS	23940	27360	30780	34200	36960	39660	42420	45120
LOW INCOME	31900	36500	41050	45600	49250	52900	56550	60200
Yuba City, CA MSA								
30% LIMITS	9616	10900	12250	13600	14700	15800	16900	18000
VERY LOW INCOME	15900	18150	20450	22700	24500	26350	28150	29950
60% LIMITS	19080	21780	24540	27240	29400	31620	33780	35940
LOW INCOME	25400	29050	32700	36300	39250	42150	45050	47950
Alpine County								
30% LIMITS	11600	13250	14950	16600	17900	19250	20550	21900
VERY LOW INCOME	19350	22100	24900	27650	29850	32050	34300	36500
60% LIMITS	23220	26520	29880	33180	35820	38460	41160	43800
LOW INCOME	30950	35400	39800	44250	47800	51300	54850	58400
Amador County								
30% LIMITS	11750	13450	15100	16800	18150	19500	20850	22200
VERY LOW INCOME	19600	22400	25200	28000	30250	32500	34700	36950
60% LIMITS	23520	26880	30240	33600	36300	39000	41640	44340
LOW INCOME	31350	35850	40300	44800	48400	51950	55550	59150
Calaveras County								
30% LIMITS	11100	12650	14250	15850	17100	18350	19650	20900
VERY LOW INCOME	18500	21100	23750	26400	28500	30600	32750	34850
60% LIMITS	22200	25320	28500	31680	34200	36720	39300	41820
LOW INCOME	29550	33800	38000	42250	45600	49000	52400	55750

----- A J U S T E D I N C O M E L I M I T S -----

PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Colusa County								
30% LIMITS	9616	10900	12250	13600	14700	15800	16900	18000
VERY LOW INCOME	15900	18150	20450	22700	24500	26350	28150	29950
60% LIMITS	19080	21780	24540	27240	29400	31620	33780	35940
LOW INCOME	25400	29050	32700	36300	39250	42150	45050	47950
Del Norte County								
30% LIMITS	9616	10900	12250	13600	14700	15800	16900	18000
VERY LOW INCOME	15900	18150	20450	22700	24500	26350	28150	29950
60% LIMITS	19080	21780	24540	27240	29400	31620	33780	35940
LOW INCOME	25400	29050	32700	36300	39250	42150	45050	47950
Glenn County								
30% LIMITS	9616	10900	12250	13600	14700	15800	16900	18000
VERY LOW INCOME	15900	18150	20450	22700	24500	26350	28150	29950
60% LIMITS	19080	21780	24540	27240	29400	31620	33780	35940
LOW INCOME	25400	29050	32700	36300	39250	42150	45050	47950
Humboldt County								
30% LIMITS	9616	10900	12250	13600	14700	15800	16900	18000
VERY LOW INCOME	15900	18150	20450	22700	24500	26350	28150	29950
60% LIMITS	19080	21780	24540	27240	29400	31620	33780	35940
LOW INCOME	25400	29050	32700	36300	39250	42150	45050	47950
Imperial County								
30% LIMITS	9616	10900	12250	13600	14700	15800	16900	18000
VERY LOW INCOME	15900	18150	20450	22700	24500	26350	28150	29950
60% LIMITS	19080	21780	24540	27240	29400	31620	33780	35940
LOW INCOME	25400	29050	32700	36300	39250	42150	45050	47950
Inyo County								
30% LIMITS	10000	11400	12850	14250	15400	16550	17650	18800
VERY LOW INCOME	16650	19000	21400	23750	25650	27550	29450	31350
60% LIMITS	19980	22800	25680	28500	30780	33060	35340	37620
LOW INCOME	26600	30400	34200	38000	41050	44100	47100	50150
Kings County								
30% LIMITS	9616	10900	12250	13600	14700	15800	16900	18000
VERY LOW INCOME	15900	18150	20450	22700	24500	26350	28150	29950
60% LIMITS	19080	21780	24540	27240	29400	31620	33780	35940
LOW INCOME	25400	29050	32700	36300	39250	42150	45050	47950

----- A J U S T E D I N C O M E L I M I T S -----

PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Lake County								
30% LIMITS	9616	10900	12250	13600	14700	15800	16900	18000
VERY LOW INCOME	15900	18150	20450	22700	24500	26350	28150	29950
60% LIMITS	19080	21780	24540	27240	29400	31620	33780	35940
LOW INCOME	25400	29050	32700	36300	39250	42150	45050	47950
Lassen County								
30% LIMITS	10000	11400	12850	14250	15400	16550	17650	18800
VERY LOW INCOME	16650	19000	21400	23750	25650	27550	29450	31350
60% LIMITS	19980	22800	25680	28500	30780	33060	35340	37620
LOW INCOME	26600	30400	34200	38000	41050	44100	47100	50150
Mariposa County								
30% LIMITS	9650	11050	12400	13800	14900	16000	17100	18200
VERY LOW INCOME	16100	18400	20700	23000	24850	26700	28500	30350
60% LIMITS	19320	22080	24840	27600	29820	32040	34200	36420
LOW INCOME	25750	29450	33100	36800	39750	42700	45650	48600
Mendocino County								
30% LIMITS	9700	11050	12450	13850	14950	16050	17150	18250
VERY LOW INCOME	16150	18450	20750	23050	24900	26750	28600	30450
60% LIMITS	19380	22140	24900	27660	29880	32100	34320	36540
LOW INCOME	25800	29500	33200	36900	39850	42800	45750	48700
Modoc County								
30% LIMITS	9616	10900	12250	13600	14700	15800	16900	18000
VERY LOW INCOME	15900	18150	20450	22700	24500	26350	28150	29950
60% LIMITS	19080	21780	24540	27240	29400	31620	33780	35940
LOW INCOME	25400	29050	32700	36300	39250	42150	45050	47950
Mono County								
30% LIMITS	11450	13100	14700	16350	17650	18950	20250	21600
VERY LOW INCOME	19100	21800	24550	27250	29450	31600	33800	35950
60% LIMITS	22920	26160	29460	32700	35340	37920	40560	43140
LOW INCOME	30500	34900	39250	43600	47100	50600	54050	57550
Nevada County								
30% LIMITS	12400	14150	15950	17700	19100	20550	21950	23350
VERY LOW INCOME	20650	23600	26550	29500	31850	34200	36600	38950
60% LIMITS	24780	28320	31860	35400	38220	41040	43920	46740
LOW INCOME	33050	37750	42500	47200	51000	54750	58550	62300

----- A J U S T E D I N C O M E L I M I T S -----

PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
Plumas County								
30% LIMITS	10300	11750	13250	14700	15900	17050	18250	19400
VERY LOW INCOME	17150	19600	22050	24500	26450	28400	30400	32350
60% LIMITS	20580	23520	26460	29400	31740	34080	36480	38820
LOW INCOME	27450	31350	35300	39200	42350	45450	48600	51750
San Benito County								
30% LIMITS	14100	16100	18100	20150	21750	23350	24950	26550
VERY LOW INCOME	23500	26850	30200	33550	36250	38900	41600	44300
60% LIMITS	28200	32220	36240	40260	43500	46680	49920	53160
LOW INCOME	37600	42950	48300	53700	57950	62250	66550	70850
Sierra County								
30% LIMITS	10000	11400	12850	14250	15400	16550	17650	18800
VERY LOW INCOME	16650	19000	21400	23750	25650	27550	29450	31350
60% LIMITS	19980	22800	25680	28500	30780	33060	35340	37620
LOW INCOME	26600	30400	34200	38000	41050	44100	47100	50150
Siskiyou County								
30% LIMITS	9616	10900	12250	13600	14700	15800	16900	18000
VERY LOW INCOME	15900	18150	20450	22700	24500	26350	28150	29950
60% LIMITS	19080	21780	24540	27240	29400	31620	33780	35940
LOW INCOME	25400	29050	32700	36300	39250	42150	45050	47950
Tehama County								
30% LIMITS	9616	10900	12250	13600	14700	15800	16900	18000
VERY LOW INCOME	15900	18150	20450	22700	24500	26350	28150	29950
60% LIMITS	19080	21780	24540	27240	29400	31620	33780	35940
LOW INCOME	25400	29050	32700	36300	39250	42150	45050	47950
Trinity County								
30% LIMITS	9616	10900	12250	13600	14700	15800	16900	18000
VERY LOW INCOME	15900	18150	20450	22700	24500	26350	28150	29950
60% LIMITS	19080	21780	24540	27240	29400	31620	33780	35940
LOW INCOME	25400	29050	32700	36300	39250	42150	45050	47950
Tuolumne County								
30% LIMITS	10050	11450	12900	14350	15500	16650	17800	18950
VERY LOW INCOME	16750	19100	21500	23900	25800	27700	29650	31550
60% LIMITS	20100	22920	25800	28680	30960	33240	35580	37860
LOW INCOME	26750	30600	34400	38250	41300	44350	47400	50500



**HOME PROGRAM**  
**SUBSIDY LIMITS PER UNIT – SECTION 221(d)(3)**  
(12/01)

COUNTY NAME	O-BDR	1-BDR	2-BDR	3-BDR	4-BDR
ALAMEDA	\$90,712	\$103,984	\$126,444	\$163,575	\$179,555
ALPINE	\$89,385	\$102,462	\$142,593	\$161,181	\$176,927
AMADOR	\$89,385	\$102,462	\$142,593	\$161,181	\$176,927
BUTTE	\$86,287	\$98,911	\$120,276	\$155,596	\$170,796
CALAVERAS	\$84,517	\$96,882	\$117,808	\$152,404	\$167,293
COLUSA	\$87,172	\$99,926	\$121,509	\$157,192	\$172,548
CONTRA COSTA	\$89,385	\$102,462	\$124,593	\$161,181	\$176,927
DEL NORTE	\$80,977	\$92,824	\$112,874	\$146,021	\$160,286
EL DORADO – EASTERN (EASTERN EL DORADO-ELEVATION AT OR ABOVE 3,001 FEET)	\$92,925	\$106,520	\$129,528	\$167,565	\$183,934
EL DORADO – WESTERN (WESTERN EL DORADO –ELEVATION AT OR BELOW 3,000 FEET)	\$90,270	\$103,476	\$125,827	\$162,777	\$178,679
FRESNO	\$77,880	\$89,274	\$108,556	\$140,435	\$154,154
GLENN	\$87,172	\$99,926	\$121,509	\$157,192	\$172,548
HUMBOLDT	\$80,977	\$92,824	\$112,874	\$146,021	\$160,286
IMPERIAL	\$92,925	\$106,520	\$129,528	\$167,565	\$183,934
INYO	\$92,925	\$106,520	\$129,528	\$167,565	\$183,934
KERN	\$92,925	\$106,520	\$129,528	\$167,565	\$183,934
KINGS	\$73,455	\$84,201	\$102,388	\$132,456	\$145,396
LAKE	\$77,880	\$89,274	\$108,556	\$140,435	\$154,154
LASSEN	\$90,270	\$103,476	\$125,827	\$162,777	\$178,679
LOS ANGELES	\$92,925	\$106,520	\$129,528	\$167,565	\$183,934
MADERA	\$70,800	\$81,158	\$98,688	\$127,668	\$140,140
MARIN	\$88,057	\$100,940	\$122,743	\$158,788	\$174,300
MARIPOSA	\$73,455	\$84,201	\$102,388	\$132,456	\$145,396
MENDOCINO	\$73,455	\$84,201	\$102,388	\$132,456	\$145,396
MERCED	\$72,127	\$82,680	\$100,538	\$130,062	\$142,768
MODOC	\$90,270	\$103,476	\$125,827	\$162,777	\$178,679
MONO	\$92,925	\$106,520	\$129,528	\$167,565	\$183,934
MONTEREY	\$85,402	\$97,897	\$119,042	\$154,000	\$169,044
NAPA	\$84,517	\$96,882	\$117,808	\$152,404	\$167,293
NEVADA	\$90,270	\$103,476	\$125,827	\$162,777	\$178,679
ORANGE	\$92,925	\$106,520	\$129,528	\$167,565	\$183,934
PLACER	\$92,925	\$106,520	\$129,528	\$167,565	\$183,934
PLUMAS	\$88,500	\$101,448	\$123,360	\$159,586	\$175,176

## Appendix 1-C-1

RIVERSIDE	\$92,925	\$106,520	\$129,528	\$167,565	\$183,934
SACRAMENTO	\$92,925	\$106,520	\$129,528	\$167,565	\$183,934
SAN BENITO	\$82,305	\$94,346	\$114,724	\$148,414	\$162,913
SAN BERNARDINO	\$92,925	\$106,520	\$129,528	\$167,565	\$183,934
SAN DIEGO	\$92,925	\$106,520	\$129,528	\$167,565	\$183,934
SAN FRANCISCO	\$92,925	\$106,520	\$129,528	\$167,565	\$183,934
SAN JOAQUIN	\$90,270	\$103,476	\$125,827	\$162,777	\$178,679
SAN LUIS OBISPO	\$92,925	\$106,520	\$129,528	\$167,565	\$183,934
SAN MATEO	\$88,500	\$101,448	\$123,360	\$159,586	\$175,176
SANTA BARBARA	\$92,925	\$106,520	\$129,528	\$167,565	\$183,934
SANTA CLARA	\$88,057	\$100,940	\$122,743	\$158,788	\$174,300
SANTA CRUZ	\$81,862	\$93,839	\$114,108	\$147,617	\$162,037
SHASTA	\$90,270	\$103,476	\$125,827	\$162,777	\$178,679
SIERRA	\$88,500	\$101,448	\$123,360	\$159,586	\$175,176
SISKIYOU	\$90,270	\$103,476	\$125,827	\$162,777	\$178,679
SOLANO	\$84,517	\$96,882	\$117,808	\$152,404	\$167,293
SONOMA	\$82,305	\$94,346	\$114,724	\$148,414	\$162,913
STANISLAUS	\$72,127	\$82,680	\$100,538	\$130,062	\$142,768
SUTTER	\$86,287	\$98,911	\$120,276	\$155,596	\$170,796
TEHAMA	\$90,270	\$103,476	\$125,827	\$162,777	\$178,679
TRINITY	\$92,925	\$106,520	\$129,528	\$167,565	\$183,934
TULARE	\$73,455	\$84,201	\$102,388	\$132,456	\$145,396
TUOLUMNE	\$84,517	\$96,882	\$117,808	\$152,404	\$167,293
VENTURA	\$92,925	\$106,520	\$129,528	\$167,565	\$183,934
YOLO	\$86,287	\$98,911	\$120,276	\$155,596	\$170,796
YUBA	\$84,517	\$96,882	\$117,808	\$152,404	\$167,293

**SUBSIDY LAYERING AND FINANCIAL ANALYSIS REVIEW  
CHECK SHEET AND CERTIFICATION****Standard Agreement Requirement**

All projects in which HOME funds are used in combination with other governmental assistance must not contain any more HOME funds than necessary to provide affordable housing.

The \_\_\_\_\_ (Organization Name) certifies that a project layering review analysis has been completed in accordance with HUD CPD notice 98-01 and State guidelines as required.

Information for each item checked below, at a minimum, has been included in this review or is not applicable as indicated (i.e., no tax credit financing).

- A. All proposed sources (both public and private) of funds and the dollar amount(s) for each respective source, including:
  - 1) commitment letters with all terms and conditions for all mortgages, grants, subordination agreements, bridge loans and investment tax credits (historical and low-income, if applicable);
  - 2) if a partnership, a copy of the partnership agreement and equity letters which will indicate the cash contributions by the general partner(s) and/or limited partner(s); and
- B. All uses of funds (including acquisition costs, rehabilitation or construction costs, financing costs and professional fees) associated with project, including, as applicable, the following:
  - 1) earnest money agreement, option or closing statement for land or building(s);
  - 2) construction cost estimate;
  - 3) construction contract or preliminary bid(s);
  - 4) agreements governing the various reserves which are capitalized at closing (to verify that the reserves cannot be withdrawn later as fees or distributions);

Standard Agreement # \_\_\_\_\_  
Page 2 of 2

- 5) appraisal which shall substantiate the value of the land and the value of the property after rehabilitation or construction;
- 6) if low-income housing tax credits are utilized, documentation of the syndication costs (legal, accounting, tax opinion, etc.) from the organization / individual who will syndicate and sell the offering to ensure that the project can support the fees necessary to syndicate/fund the project. All assumptions in the offering should be verified in the supporting documentation; and
- C. Other financial information, including a schedule of rental income, operating expenses, cash flow analysis and multi-year proforma; and
- D. A market analysis which includes information comparing project rents, vacancy rates and operating expenses to other subsidized and market rate rental projects; and
- E. A preliminary title report showing all easements and encumbrances; and

The \_\_\_\_\_ (Organization Name) further certifies that (check one):

\_\_\_\_\_ other governmental assistance is being provided, or will be provided, to the project from the sources and in the amounts shown as attached (mark as Attachment A);

OR

\_\_\_\_\_ no other governmental assistance is to be provided at this time or in the future. However, should other governmental assistance be sought in the future, the State will be promptly notified by the above named Organization.

\_\_\_\_\_  
Signature of person completing review

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature (Authorized Signatory)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

## **PROJECT SET-UP**

### **TIPS FOR FILLING OUT FORMS**

The following are tips to help you complete required HCD forms. There are some changes in the way forms are completed due to the transition from the old Federal CMI system to the new IDIS system in November 1999. You may obtain any HOME forms (HOME-3, HOME-4, HOME-5, HOME-6, HOME-7, HOME-8, HOME-9, HOME-10-, and HOME-11) on our website at <http://www.hcd.ca.gov/ca/home/fiscalindex.html>, or from your State HOME Program Representative. HUD forms for project set up and completion have been discontinued and should no longer be used (HUD 40094, HUD 40095, HUD 40096, HUD 40096M, and HUD 40097). Contact your State HOME Program Representative if you have any additional questions.

1. The instructions for completing HOME Forms -7 through -11 are part of the form itself and are included in the appropriate Appendix with each form.
2. **HOME Project Set-Up Reports (Original Submission):** This form is used to set up your projects in IDIS. Write the State Standard Agreement number under which you are setting up the project in the upper right-hand corner of the form (e.g. 98-HOME-0234). This number can be found in the top right-hand corner of your State Standard Agreement (Std.2). You will receive a New Project Setup Sheet from HCD after your project is set up.
3. **HOME Project Set-Up Reports (Ownership Transfer, Change Owner's Address, or Revision):** This form is used to make changes to projects already set up in IDIS. Due to the transition from the old Federal CMI system to the new IDIS system, HCD and HUD have changed numbering systems.
  - a. If your project was set up in CMI (prior to 11/9/99), write the State Standard Agreement number, including the two-digit Project Suffix of the project you are revising in the upper right-hand corner of the form (e.g. 98-HOME-0234-01). This number can be found on either your copy of the Original Submission of the HOME Project Set-Up form or the HCD New Project Set-Up Sheet (in the Notes: field. Also, enter the CMI system generated 10-digit project number in Part A, Box 1 (e.g. 1234567890). This number can be found in Part A, Box 1 of the Original Submission of the HOME Set-Up Form or the New Project Set-Up Sheet (in the Project No. Field). A copy of one of these forms was mailed to you by the State after your project was set up.

**PROJECT SET-UP**

- b. If your Project was set up in IDIS (after 11/9/99) write the Grantee Activity Number in the upper right-hand corner of the form (e.g. M980234-01). This number can be found on the New Project Set-Up Sheet (in the Project No. Field). Also, enter the HUD Activity Number in Part A. Box 1 of the HOME Set-Up Report (e.g. 5236). This number can be found on the New Project Set-Up Sheet (in the Notes: field).
4. **HCD Project Funding Source Detail (HOME-3, 3/29/02):** This form should accompany the HOME Project Set-Up Form. Be sure you are using the most current version of this form as many of the funding source codes have changed.
5. **Payee Data Record (Std. 204 Rev. 2-2000):** A Payee Data Record form (Std. 204) must be filed with the Department prior to the issuance of any warrants to a grantee. A separate Payee Data Record form (Std. 204) must also be filed for any alternate payees. This form requires an **original** signature and a Federal Tax Identification Number (TIN). The Std. 204 is available on the State Department of General Services website at <http://www.osp.dgs.ca.gov/StandardForms/Forms+Search.htm>.

## **PROJECT SET-UP**

### **REFERENCES**

State HOME Regulations Sections 8200 thru 8220 provide that the Contractor shall comply with any terms and conditions which are necessary to comply with the HOME Investment Partnerships Program federal regulations (24 CFR Part 92).

OMB Management Circular A-87 establishes principles and standards for determining costs applicable to grants, contracts and other agreements with State and local governments.

OMB Management Circular A-84 promulgates standards for obtaining consistency and uniformity among federal agencies in the administration of grants to, and other agreements with, public and private institutions of higher education, public and private hospitals, and other quasi-public and private nonprofit organizations. This circular does not apply to grants, contracts, or other agreements between the federal government and units of State or local governments covered by OMB Circular A-87.

OMB Management Circular A-122 establishes principles for determining costs of grants, contracts and other agreements with nonprofit organizations. It does not apply to colleges and universities that are covered by Circular A-21; State, local, and Federally recognized Indian tribal governments that are covered by OMB Circular A-87; or hospitals. The principles are designed to provide that the federal government bears its fair share of costs except where restricted or prohibited by law. The principles do not attempt to prescribe the extent of cost sharing or matching on grants, contracts, or other agreements. However, such cost sharing or matching shall not be accomplished through arbitrary limitations on individual cost elements by federal agencies. Provisions for profit or other increment above cost is outside the scope of this Circular.

OMB Management Circular A-133 provides policy guidance to federal agencies for establishing uniform requirements for audits of awards provided to institutions of higher education and other nonprofit organizations. It promotes the efficient and effective use of audit services.

HOME Investment Partnerships Program Federal Regulations (24 CFR Part 92) provide the operating and implementing HOME Program regulations.




**PAYEE DATA RECORD**

(Required in lieu of IRS W-9 when doing business with the State of California)

STD. 204 (REV. 2-2000)

**NOTE: Governmental entities, federal, state, and local (including school districts) are not required to submit this form.**

SECTION 1 must be completed by the requesting state agency before forwarding to the payee

<b>1</b>  <b>PLEASE RETURN TO:</b>	DEPARTMENT/OFFICE  STREET ADDRESS  CITY, STATE, ZIP CODE  TELEPHONE NUMBER	<b>PURPOSE:</b> Information contained in this form will be used by state agencies to prepare information Returns (Form 1099) and for withholding on payments to nonresident payees. Prompt return of this fully completed form will prevent delays when processing payments.  <b>(See Privacy Statement on reverse)</b>						
<b>2</b>	PAYEE'S BUSINESS NAME  <hr/> MAILING ADDRESS (Number and Street or P. O. Box Number)  <hr/> (City, State and Zip Code)							
<b>3</b>  <b>VENDOR ENTITY INFORMATION</b>	CHECK ONE BOX ONLY  <input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYERS IDENTIFICATION NUMBER (FEIN) _____  <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> ESTATE OR TRUST  <input type="checkbox"/> INDIVIDUAL OR SOLE PROPRIETOR SOCIAL SECURITY NUMBER OF OWNER _____ OWNER'S FULL NAME (Print) _____	<b>NOTE:</b> State and local governmental entities, including school districts are not required to submit this form.  <b>NOTE:</b> Payment will not be processed without an accompanying taxpayer I.D. number.						
<b>4</b>  <b>PAYEE RESIDENCY STATUS</b>	CHECK APPROPRIATE BOX(ES)  <input type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA <input type="checkbox"/> Nonresident (See Reverse) Payments to nonresidents for services may be subject to state withholding <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA/ GOODS ONLY SOLD TO CALIFORNIA	<b>NOTE:</b> a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. (See reverse)						
<b>5</b>  <b>CERTIFYING SIGNATURE</b>	<p><b>I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.</b></p> <table border="1"> <tr> <td data-bbox="196 1709 901 1771">           AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)         </td> <td colspan="2" data-bbox="901 1709 1497 1771">           TITLE         </td> </tr> <tr> <td data-bbox="196 1771 901 1875">           SIGNATURE    </td> <td data-bbox="901 1771 1215 1875">           DATE         </td> <td data-bbox="1215 1771 1497 1875">           TELEPHONE NUMBER         </td> </tr> </table>		AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE		SIGNATURE  	DATE	TELEPHONE NUMBER
AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print)	TITLE							
SIGNATURE  	DATE	TELEPHONE NUMBER						



### ARE YOU A RESIDENT OR A NONRESIDENT?

Each corporation, individual/sole proprietor, partnership, estate or trust doing business with the State of California must indicate their residency status along with their taxpayer identification number.

A **corporation** will be considered a "resident" if it has a permanent place of business in California. The corporation has a permanent place of business in California if it is organized and existing under the laws of this state or, if a foreign corporation has qualified to transact intrastate business. A corporation that has not qualified to transact intrastate business (e.g., a corporation engaged exclusively in interstate commerce) will be considered as having a permanent place of business in this state only if it maintains a permanent office in this state that is permanently staffed by its employees.

For **individuals/sole proprietors**, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose which will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.

For withholding purposes, a **partnership** is considered a resident partnership if it has a permanent place of business in California. An estate is considered a California estate if the decedent was a California resident at the time of death and a trust is considered a California trust if at least one trustee is a California resident.

More information on residency status can be obtained by calling the Franchise Tax Board at the numbers listed below:

From within the United States, call.....1-800-852-5711  
From outside the United States, call.....1-916-845-6500  
For hearing impaired with TDD, call....1-800-822-6268

### PRIVACY STATEMENT

Section 7(b) of the Privacy Act of 1974 (Public Law 93-5791) requires that any federal, state, or local governmental agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The State of California requires that all parties entering into business transactions that may lead to payment(s) from the State must provide their Taxpayer Identification Number (TIN) as required by the State Revenue and Taxation Code, Section 18646 to facilitate tax compliance enforcement activities and to facilitate the preparation of Form 1099 and other information returns as required by the Internal Revenue Code, Section 6109(a). The TIN for individual and sole proprietorships is the Social Security Number (SSN).

It is mandatory to furnish the information requested. Federal law requires that payments for which the requested information is not provided be subject to a 31% withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

Please call the Department of Finance, Fiscal Systems and Consulting Unit at (916) 324-0385 if you have any questions regarding this Privacy Statement. Questions related to residency or withholding should be referred to the telephone numbers listed above. All other questions should be referred to the requesting agency listed in Section 1.

### ARE YOU SUBJECT TO NONRESIDENT WITHHOLDING?

Payments made to nonresident payees, including corporations, individuals, partnerships, estates and trusts, are subject to withholding. Nonresident payees performing services in California or receiving rent, lease or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the payee are \$1500 or less for the calendar year.

A nonresident payee may request that income taxes be withheld at a lower rate or waived by sending a completed form FTB 588 to the address below. A waiver will generally be granted when a payee has a history of filing California returns and making timely estimated payments. If the payee activity is carried on outside of California or partially outside of California, a waiver or reduced withholding rate may be granted. For more information, contact:

Franchise Tax Board  
Nonresident Withholding Section  
Attention: State Agency Withholding Coordinator  
P.O. Box 651 Sacramento, CA 95812-0651  
Telephone: (916) 845-4900  
FAX: (916) 845-4831

**If a reduced rate of withholding or waiver has been authorized by the Franchise Tax Board, attach a copy to this form.**

# HOME Program

## Homeownership Assistance/ Rental Housing

The HOME statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owners or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track performance of participants in meeting fund commitment and expenditure deadlines; 3) to permit HUD to determine whether each participant meets the HOME statutory income targeting and affordability requirements; and 4) to permit HUD to determine compliance with other statutory and regulatory program requirements. This data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the reporting of certain project-specific data elements. Records of information collected will be maintained by the recipients of the assistance. Information on activities and expenditures of grant funds is public information and is generally available for disclosure. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

**Note:** Complete for all Homeownership Assistance/Rental Housing Projects prior to project set-up and send the completed form to:  
Department of Housing and Community Development, HOME Program  
1800 3rd Street, MS 390-3, P.O. Box 952054, Sacramento, CA 95814

Check the Appropriate Box

☐ Original Submission ☐ Change Owner's Address  
☐ Ownership Transfer ☐ Revision

**Part A: Call-In** Part A must be called in to HUD to set up project accounts. This completed form must be submitted to HUD immediately after project set-up call.

1. Project Number	2. Name of Participant	6. HOME Funds for Project a. Total Funds Requested + \$	
3. Participant Tax ID Number	4. CHDO Tax ID Number	b. Participant Number	c. Dollar Amount of Funds
5. Type of Project <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			\$
			\$
			\$
			\$
8. Name & Phone Number ( including Area Code) of person completing form	9. CHDO Loan (1) <input type="checkbox"/> Yes (2) <input type="checkbox"/> No		\$
			\$
		7. Total Estimated Cost of Project (HOME-assisted units, including other public/private funds) \$	

### Part B: Project Information

1. Street Address of Project				
1a. City		1b. State	1c. Zip Code	
2. Name of Owner				
2a. Last Name		2b. First Name		
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.				
3. Mailing Address of Owner				
3a. City		3b. State	3c. Zip Code	
3d. Phone (Include Area Code)	4. Name of Firm (if applicable)	5. Total Units in Project Prior to Assistance	6. Estimated Units Upon Completion	7. Total HOME-Assisted Units Upon Completion
8. Type of Ownership (Check one box) (1) <input type="checkbox"/> Individual (4) <input type="checkbox"/> Not-for-Profit (2) <input type="checkbox"/> Partnership (5) <input type="checkbox"/> Publicly-Owned (3) <input type="checkbox"/> Corporation (9) <input type="checkbox"/> Other		9. Tenure Type (Check one box only) (1) <input type="checkbox"/> Rental (2) <input type="checkbox"/> Homeownership First-Time Buyer (3) <input type="checkbox"/> Homeownership Rehabilitation		10. Complete for Community Housing Development Organization Projects (check one box) (1) <input type="checkbox"/> Owned (2) <input type="checkbox"/> Sponsored (3) <input type="checkbox"/> Developed
11. County Code (to be completed by Centralized States only)				

**STATE OF CALIFORNIA HOME PROGRAM  
PROJECT FUNDING SOURCE DETAIL**

For Submittal With Each Project Set-Up Report and any subsequent Revisions

**PART C: Contractor & Project Information**

Contractor Name: \_\_\_\_\_ ☐ Original Submittal    Revision  
HOME Contract Number: \_\_\_\_\_-HOME-\_\_\_\_\_  
Name and phone # of person completing this form \_\_\_\_\_ Date: \_\_\_\_\_

State Recipients are required to identify, at least once per month, their undisbursed balance of Program Income/Recaptured funds ("Balance"). Please provide the following information: a) Date of Balance: \_\_\_\_\_, b) Balance (if Balance is zero enter 0, do not leave blank): \$ \_\_\_\_\_

<u>Type of Project (check one)</u>	<u>HCD Code</u>	<u>HCD Code</u>
<input type="checkbox"/> Owner-Occupied Sub. Rehab	[0001]	<input type="checkbox"/> Rental - Moderate Rehab [0007]
<input type="checkbox"/> Owner-Occupied Mod. Rehab	[0002]	<input type="checkbox"/> Rental - New Construction [0008]
<input type="checkbox"/> FTHB - New Construction	[0003]	<input type="checkbox"/> TBRA (Tenant Contribution only) [0009]
<input type="checkbox"/> FTHB - (Existing)Acq. Only	[0004]	<input type="checkbox"/> FTHB - (Existing)Substan. Rehab [0010]
<input type="checkbox"/> Rental - Acquisition Only	[0005]	<input type="checkbox"/> FTHB - (Existing)Mod. Rehab [0011]
<input type="checkbox"/> Rental - Substantial Rehab	[0006]	

Owner or Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_

**If this is a revision, provide:** Grantee Activity Number: **M** \_\_\_\_\_ - \_\_\_\_\_ and HUD Activity Number: \_\_\_\_\_

Of the Total Estimated Cost of Project (Part A.7. on the Project Set-Up Report Form) provide the following breakdown according to funding source. Funding Source Codes and Descriptions are available on the HOME-3 form:

Funding Source Code	Check Here If Match	Funding Source Description	Amount(s) Part of Project Total	Amount(s) Not Part of Project Total
01		HOME Funds -	\$	
11		HOME Funds - Activity Delivery Costs	\$	
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Total - Should equal Part A.7. on Project Set-Up Form			\$	

Project Address:	Project Number:
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No. of Bedrooms Code	Occupancy Code	Hispanic Ethnicity-Head of Household Code: If Hispanic origin, enter Y. If not Hispanic origin, enter N.	Race of Household Code	Size of Household Code	Type of Household Code	Rental Assistance Code
0 - 0 Bedroom	1 - Tenant		09-Vacant Unit	1 - 1 Person	1 - Single/non-Elderly	1 - Section 8
1 - 1 Bedroom	2 - Owner		10-Managers Unit	2 - 2 Persons	2 - Elderly	2 - HOME TBA
2 - 2 Bedrooms	9 - Vacant		11-White	3 - 3 Persons	3 - Related/Single	3 - Other
3 - 3 Bedrooms	<b>% of Area Median Income Code</b>		12-Blk/Afrcn Amrcn	4 - 4 persons	Parent	4 - No Assistance
4 - 4 Bedrooms			13-Asian	5 - 5 Persons	4 - Related/Two-Parent	9 - Vacant Unit
5 - 5 or more Bedrooms			14-Amrcn Indn/Alskn Ntve	6 - 6 Persons	5 - Other	
			15-Ntve Hawaiian/Othr Pac Islnder	7 - 7 Persons	9 - Vacant Unit	
			16-Amrcn Indn/Alskn Ntve & White	8 - 8 or more Persons		
	1 - 0-30%	C - Cuban	17-Asian & White	9 - Vacant Unit		
	2 - 30-50%	D - Other Hispanic Latino	18-Blck/Afrcn Amrcn & White			
	3 - 50-60%		19-Amrcn Indn/Alskn Ntve &			
	4 - 60-80%		Blck/Afrcn Amrcn			
	9 - Vacant		20-Other Multi-Racial			

# Instructions for Completing the Homeownership Assistance/Rental Housing Project Set-Up Report

Read the instructions for each item carefully before completing the report form. Use a typewriter or print carefully with a ballpoint pen. Prepare an original and one copy. **Retain a copy and mail the original to:**

**Department of Housing and Community Development  
HOME Program  
1800 3<sup>rd</sup> Street, MS 390-3  
P.O. Box 952054  
Sacramento, CA 94252-2054**

**Applicability.** This report form must be completed for each homeownership or rental housing project assisted with home funds.

Write the Contract Number of the State Standard Agreement under which this project is being set up in the upper right-hand corner of page 1 of 4. An amended set-up report form should be submitted if a project is revised or if HOME funding for the project is increased or decreased and the change should be highlighted in yellow.

## Part A:

- 1. Project Number.** For original submissions, leave blank. For revisions, enter the 10-digit HCD assigned Project Number (or the old 10-digit CMI assigned Project Number, if applicable)
- 2. Name of Participant.** Enter the name if the participating jurisdiction (PJ), or, in the case of State recipient projects, the name of the State recipient (identified on the HUD 40100 State Designation of Local Recipients form).
- 3. Participant Tax ID Number.** Enter the Tax (Employer) Identification Number for the participating jurisdiction from block 3 of the Funding Approval and HOME Investment Partnership Agreement (HUD-40093); for a State recipient project, enter the State recipient's Tax ID Number from the HUD-40100-State Designation of Local Recipients form.
- 4. CHDO Tax ID Number.** Complete only for projects assisted with funds reserved for Community Housing Development Organizations (CHDOs). Enter the Tax (Employer) ID Number for the CHDO shown in the Designation of Community Housing Organizations (CHDO) form (HUD-40098).
- 5. Type of Project.** Check on box to indicate the type of project set-up based on the following definitions: (Use of (1) and (2) has been discontinued as a result of statutory changes eliminating the rental production set-aside).
  - (3). Acquisition Only.** Acquisition of a structure that received a certificate of occupancy at least 13 months before acquisition, which does not require rehabilitation and which will be used to provide affordable rental or homeownership housing.
  - (4). Moderate Rehabilitation.** The average per unit total rehabilitation cost (HOME funds plus any other funds) of the HOME-assisted units in the project is \$25,000 or less and the project is any project involving (a) the repair or improvement of residential unit(s) to bring the unit(s) up to the property standards required by 24 CFR 92.251; (b) the reconfiguration of a structure to reduce the total units in order to increase the number of large family units, (c) adding a room or rooms (e.g., bedroom or bathroom) outside the existing walls for purposes of meeting occupancy or code standards, (d) the adding of a unit or units within the existing structure, and (e) the acquisition of a structure that received a certificate of occupancy at least 13 months before acquisition, which requires rehabilitation and which will be used to provide affordable rental housing or homeownership units.
  - (5). Substantial Rehabilitation.** The average per unit total rehabilitation cost (HOME funds plus any other funds) of the HOME-assisted units in the project exceeds \$25,000 per unit and the rehabilitation is otherwise consistent with the definition of rehabilitation of residential property as defined above in 5. (4).
  - (6) New Construction.** Any project involving (a) adding units outside the existing walls if the structure, (b) the construction of a new residential unit(s), (c) the acquisition of land or the demolition of an existing structure for the purpose of constructing a new structure with HOME funds, and (d) acquisition of a structure that has received an initial certificate of occupancy within a one-year period prior to acquisition.

**Note:** When projects combine new construction in one building(s) with rehabilitation activities in another building(s) on one parcel of land, the projects, by type of activity (i.e., rehabilitation or new construction), must be administratively set up as separate projects.

## **6. HOME Funds for project.**

- a. Enter the total amount of HOME funds requested for the project.
- b. Enter the participant number for each grant and fiscal year source of HOME of HOME funds committed for the project.
- c. Indicate the amount of HOME funds from each fiscal year by participant number.

## **7. Total Estimated Cost of Project (HOME-assisted units, including other public/private funds).** Enter the total estimated cost (hard and soft costs) for the HOME-assisted units in the project, including other public/private funds. (do not include costs attributable to units in the project that are not HOME-assisted units).

## **8. Name & Phone Number (Including Area Code) of Person Completing Form.** Enter the name and phone number, including area code, of the person to contact for further information regarding this report form.

## **Part B: Project Information**

### **1. Street Address of Project.** Self-Explanatory.

### **2. Name of Owner.** For projects containing rental units, enter the name of the owner. For single-unit homeownership projects, enter "NA" for not applicable.

### **3. Mailing Address of Owner.** For projects containing rental units, indicate the mailing address of the owner. For single-unit homeownership projects, enter "NA" for not applicable.

### **4. Name of Firm.** For projects containing rental units, if the project is owned by a firm or other organization, enter the name of the firm or organization. Enter the firm address in Item 3 above. For single-unit homeownership projects and other projects which are not owned by a firm, enter "NA" for not applicable.

### **5. Total Units in Project Prior to Assistance.** Enter the total number of units in the project (both HOME-assisted and non-HOME-assisted units).

### **6. Estimated Units Upon Completion.** Enter the total estimated number of units that will be in the project upon completion (both HOME-assisted units and non-HOME-assisted units).

### **7. Total HOME-Assisted Units Upon Completion.** Enter the total number of units (upon completion) that will receive HOME assistance.

### **8. Type of Ownership.** Check one box only.

### **9. Tenure Type.** Check one box only. For 2 - 4 unit projects containing both an owner occupant and rental unit(s), check box (2) or (3). For 5 or more unit projects containing an owner occupant and rental units check box (1). (NOTE: This will affect which completion report is required upon completion).

### **10. Community Housing Development Organization Projects.** Complete only for projects assisted with funds reserved for Community Housing Development Organizations (CHDOs). Check one box only..

### **11. County Code.** To be completed only for centralized state projects. Enter the 3-digit county code for the county in which the project is location

## **Part C.: Contractor and Project Activity Information.**

- (1) Contractor Name and whether it is original submission or revision
- (2) HOME Contract Number
- (3) Name and phone # of person completing this form and the date
- (4) Type of Project
- (5) Owner of Project's Name
- (6) Project Address
- (7) **Grantee Activity (Project) & HUD Activity Number**  
(For Revisions only)
- (8) **Total Estimated Costs of Project:** Funding codes and Descriptions are available on the HOME-3 form in Appendix I-D-5

## **Part D: Household Characteristics**

Provide information on the characteristics of each household (renter or owner) occupying a unit to be assisted with HOME funds. Complete one line for each unit to be assisted with HOME funds. Enter one code only in each block. If the project is a 1 to 4 unit owner-occupied rental project, provide characteristics for tenants as well as for the owner. If the unit is occupied, complete all boxes. If information is not available, enter 9. If a unit is unoccupied, enter unit number, number of bedrooms, and total rent. **Do not complete for new construction projects.**

**Unit Number.** For rental units, enter the unit number of each unit that will receive HOME assistance.

**Number of Bedrooms.** Enter 0 for single room occupancy (SRO) unit or for efficiency unit, 1 for 1 bedroom, 2 for 2 bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, 5 for 5 or more bedrooms.

**Occupancy.** Enter 1 if the unit occupied by a tenant, 2 if it is occupied by a homeowner, 9 if it is vacant.

**Monthly Rent (Including Utilities).**

**Tenant Contribution.** For homeowner, enter 0. For renters enter the actual rent to the nearest dollar, including utilities, paid by the tenant at the time HOME funds were committed to the project. If the tenant's rent does not include utilities, or if the tenant's rent includes only partial utilities, *e.g.*, heat, but not electricity, these utility costs must be added to the rent. Use actual costs or use the utility allowance schedule provided by the local Public Housing Authority (PHA) in accordance with form HUD-52667, Allowance for Tenant Furnished Utilities and Other Services.

**Subsidy Amount.** For homeowners, enter 0. For renters enter the amount the tenant receives as a rent subsidy payment (including any utility allowance paid directly to the tenant) to the nearest dollar. If the tenant does not receive a tenant subsidy payment, enter 0.

**Total Rent.** For homeowners enter 0. For renters enter the total monthly rent (Tenant Payment plus Subsidy Amount).

**Note for vacant units:** Vacant, but habitable units: Enter the last known rent in "Total Rent" column or the rent being asked by the owner. Vacant and uninhabitable unit: Enter 0 in "Total Rent" column.

**INCOME DATA**

**Monthly Gross Income.** Enter the monthly gross household income.

**Percent of Area Median Income.** For each occupied residential unit, enter one code only based on the following definitions:

- 1 - **0 - 30 Percent of Area Median** means a household whose income is at or below 30 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.
- 2 - **30 - 50 Percent of Area Median** means a household whose income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.
- 3 - **50 - 60 Percent of Area Median** means a household whose income exceeds 50 percent and does not exceed 60 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.
- 4 - **60 - 80 Percent of Area Median** means a household whose income exceeds 60 percent and does not exceed 80 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.

**HOUSEHOLD DATA**

**Ethnicity/Race:** This information is confidential and is only for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary.

**Hispanic Ethnicity – Head of Household:** If Hispanic origin, enter Y. If not Hispanic origin, enter N.

**Race Head of Household:** For each occupied residential unit, enter one code only based on the following definitions:

09 - Vacant Unit. Self-Explanatory.

10 - Managers Unit. Self-Explanatory

11 - White. A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

12 - Black/African American. A person having origins in any of Black racial groups of Africa.

13 - Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent. This area includes, for example, China, India, Japan, and Korea.

14 - American Indian/Alaskan Native. A person having origins in any of the original peoples of the North American Continent, and who maintains cultural identification through tribal affiliations or community recognition.

15 - Native Hawaiian/Other Pacific Islander. A person having origins in any of the original peoples of the Pacific Islands. This area includes, for example, the Philippine Islands, Hawaii, and Samoa.

16 - American Indian/Alaskan Native & White. A person having origins in both American Indian/Alaskan Native and White Race categories.

17 - Asian & White. A person having origins in both Asian and White race categories.

18 - Black/African American & White. A person having origins in both Black/African American & White race categories.

19 - American Indian/Alaskan Native & Black/African American. A person having origins in both American Indian/Alaskan Native & Black/African American race categories.

20 - Other Multi-Racial. A person having origins in more than one of the race categories combined.

**Size of Household.** Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 or more persons (for households of more than 8, enter 8).

**Type of Household:** For each residential unit, enter one code only based on the following definitions:

- 1 - **Single/Non-Elderly.** One person household in which the person is not elderly.
- 2 - **Elderly.** One or two person household with a person at least 62 years of age.
- 3 - **Related/Single Parent.** A single parent household with a dependent child or children (18 years of age or younger).
- 4 - **Related/Two Parent.** A two parent household with a dependent child or children (18 years of age or younger).
- 5 - **Other.** Any household that is not included in the above 4 definitions, including two or more unrelated individuals.
- 9 - **Vacant Unit.** Self-Explanatory.

**Rental Assistance:** For rental units, enter one code only to indicate the type of assistance being provided to the tenant, or that no assistance is being provided, or that the unit is vacant at the time of project set-up.

- 1 - **Section 8.** Tenants receiving assistance through the Section 8 Certificate Program under 24 CFR Part 882 or the Section 8 Housing Voucher Program under 24 CFR Part 887.
- 2 - **HOME Tenant-Based Rental Assistance.** Tenants receiving rental assistance through the HOME Program.
- 3 - **Other Assistance.** Tenants receiving rental assistance through other Federal, State, or local rental assistance programs, including rental assistance payments through programs administered by the U.S. Department of Health and Human Services or through departments of social services in States.
- 4 - **No Assistance**
- 9 - **Vacant Unit.** Self-Explanatory

# HOME Program

## Tenant Based Rental Assistance

### Project Set-Up Report

Note: Complete for all Tenant Based Rental Assistance Projects. This form is to be completed and sent to: Department of Housing and Community Development, HOME Program, 1800 3rd Street, MS 390-3, P.O. Box 952054, Sacramento, CA 95814

Mark Appropriate Box

Part A	1. Name of Participant		5. HOME Project Funds for Project	
			a. Total Funds Requested \$	
	2. Project Number	3. Participant Tax ID Number	b. Participant Number	c. Dollar Amount of Funds
				\$
	4. Name & Phone Number (including Area Code) of person completing form			\$
				\$
Part B Project Information	1. County Code (to be completed by Centralized States only)	2. # of Tenants to be Assisted		\$

Part C Household Characteristics. Enter one code only in each block.

No.	Tenant's Last Name or First 5 Letters of Last Name	Tenant's Social Security Number xxx-xx-xxxx	No. of BRs (see code)	Monthly Rent (w/Tenant Pd. Utilities)			Income Data		Household Data				Type of Contract O = Owner T = Tenant	Status (see code)	Contract End Date (see code)
				Tenant Payment a. (see code)	Subsidy Amount b. (see code)	Total Rent a + b.	Monthly Gross Income	% of Area Median Income (see code)	Head of Household Hispanic (see code)	Head of Household Race (see code)	Size of Household (see code)	Head of Household (see code)			
01															
02															
03															
04															
05															
06															
07															
08															
09															
10															
11															
12															
13															

<b>No. of Bedrooms Code</b> 0 = SRO 1 = 1 BR 2 = 2 BR 3 = 3 BR 4 = 4 BR 5 = 5 or more BRs	<b>Subsidy Amount</b> Enter the amount the tenant receives as a rent subsidy payment to the nearest dollar. If the tenant does not receive a tenant subsidy payment enter 0.	<b>Hispanic Ethnicity-Head of Household Code: If Hispanic origin, enter Y. If not Hispanic origin, enter N.</b>	<b>Race of Household Code</b> 09-Vacant Unit 10-Managers Unit 11-White 12-Blk/Afrcn Amrcn 13-Asian 14-Amrcn Indrn/Alskn Ntve 15-Ntve Hawaiian/Othr Pac Islnder 16-Amrcn Indrn/Alskn Ntve & White 17-Asian & White 18-Blck/Afrcn Amrcn & White 19-Amrcn Indrn/Alskn Ntve & Blck/Afrcn Amrcn 20-Other Multi-Racial	<b>Size of Household Code</b> 1 - 1 Person 2 - 2 Persons 3 - 3 Persons 4 - 4 persons 5 - 5 Persons 6 - 6 Persons 7 - 7 Persons 8 - 8 or more Persons	<b>Head of Household Code</b> 1 - Single/non-Elderly 2 - Elderly 3 - Related/Single Parent 4 - Related/Two-Parent 5 - Other	<b>Status</b> 1 - Newly Assisted 2 - Assistance Renewed	<b>Contract End Date</b> month/year
<b>Tenant Payment</b> Provide the actual rent paid by the tenant to the nearest dollar. (including tenant paid utilities).	<b>% of Area Median Code</b> 1 = 0 to 30% 2 = 30 to 50% 3 = 50 to 60% 4 = 60 yo 80%						

---

**Part C: (con't.) Household Characteristics.** Enter one code only in each block.

[illegible]



---

**Part C: (con't.) Household Characteristics.** Enter one code only in each block.

[illegible]

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**Part C: (con't.) Household Characteristics.** Enter one code only in each block.

[illegible]

**STATE OF CALIFORNIA HOME PROGRAM  
PROJECT FUNDING SOURCE DETAIL**

For Submittal With Each Project Set-Up Report and any subsequent Revisions

**PART D: Contractor & Project Information**

Contractor Name: \_\_\_\_\_ ☐ Original Submittal    Revision  
HOME Contract Number: \_\_\_\_\_-HOME-\_\_\_\_\_  
Name and phone # of person completing this form \_\_\_\_\_ Date: \_\_\_\_\_

State Recipients are required to identify, at least once per month, their undisbursed balance of Program Income/Recaptured funds ("Balance"). Please provide the following information: a) Date of Balance: \_\_\_\_\_, b) Balance (if Balance is zero enter 0, do not leave blank): \$ \_\_\_\_\_

<u>Type of Project (check one)</u>	<u>HCD Code</u>	<u>HCD Code</u>
<input type="checkbox"/> Owner-Occupied Sub. Rehab	[0001]	<input type="checkbox"/> Rental - Moderate Rehab [0007]
<input type="checkbox"/> Owner-Occupied Mod. Rehab	[0002]	<input type="checkbox"/> Rental - New Construction [0008]
<input type="checkbox"/> FTHB - New Construction	[0003]	<input type="checkbox"/> TBRA (Tenant Contribution only) [0009]
<input type="checkbox"/> FTHB - (Existing)Acq. Only	[0004]	<input type="checkbox"/> FTHB - (Existing)Substan. Rehab [0010]
<input type="checkbox"/> Rental - Acquisition Only	[0005]	<input type="checkbox"/> FTHB - (Existing)Mod. Rehab [0011]
<input type="checkbox"/> Rental - Substantial Rehab	[0006]	

Owner or Project Name: \_\_\_\_\_  
Project Address: \_\_\_\_\_

**If this is a revision, provide:** Grantee Activity Number: **M** \_\_\_\_\_ - \_\_\_\_\_ and HUD Activity Number: \_\_\_\_\_

Of the Total Estimated Cost of Project (Part A.7. on the Project Set-Up Report Form) provide the following breakdown according to funding source. Funding Source Codes and Descriptions are available on the HOME-3 form:

Funding Source Code	Check Here If Match	Funding Source Description	Amount(s) Part of Project Total	Amount(s) Not Part of Project Total
01		HOME Funds -	\$	
11		HOME Funds - Activity Delivery Costs	\$	
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Total			\$	

## **Instructions for completing the Tenant-Based Rental Assistance Project Set-up Report**

The Home statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owners or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track performance of participants in meeting fund commitment and expenditure deadlines; 3) to permit HUD to determine whether each participant meets the HOME statutory income targeting and affordability requirements; and 4) to permit HUD to determine compliance with other statutory and regulatory program requirements. This data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the reporting of certain project-specific data elements. Records of information collected will be maintained by the recipients of the assistance. Information on activities and expenditures of grant funds is public information is generally available for disclosure.

**Sensitive Information:** Some of the information collected on this form is considered sensitive and is protected by the Privacy Act. The Privacy Act requires that these records be maintained with appropriate administrative, technical, and physical safeguards to ensure their security and confidentiality. In addition, these records should be protected against any anticipated threats or hazards to their security or integrity which could result in substantial harm, embarrassment, inconvenience, or unfairness to any individual on whom the information is maintained. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

Read the instructions for each item carefully before completing the report form. Use a typewriter or print carefully with a ballpoint pen. Prepare an original and one copy. **Retain a copy and mail the original to:**

**Department of Housing and Community Development,  
HOME Program  
1800 3<sup>rd</sup> Street, MS 390-3  
P.O. Box 952054  
Sacramento, CA 94252-2054**

**Applicability.** This report form must be completed for each tenant-based rental assistance project assisted with HOME project funds. A single set-up report form may include up to 99 tenants so long as the term of the contract is the same for all of the tenants in the report form. For centralized State projects, the tenants must be in the same county.

Write the Contract Number of the State Standard Agreement under which this project is being set up in the upper right-hand corner of page 1 of 7.

### **Part A:**

1. **Name of Participant.** Enter the name if the jurisdiction.
2. **Project Number.** For original submissions, leave blank. For revisions, enter the 10-digit HCD assigned Project Number (or the old 10-digit CMI assigned Project Number, if applicable).
3. **Participant Tax ID Number.** Enter the Tax (Employer) Identification Number for the participating jurisdiction from item 3 of the Funding Approval and HOME Investment Partnership for Project Areas.
4. **Name & Phone Number of Person Completing Form.** Enter the name and phone number, including area code, of the person to contact for further information regarding this report form.
5. **HOME Project Funds for Project.**
  - a. Enter the total amount of HOME project funds requested for the project.
  - b. Enter the participant number (from item 2 of the HOME Investment Partnership Agreement for Project Areas) for each fiscal year source of HOME project funds committed for the project.
  - c. Enter the amount of HOME funds from each fiscal year by participant number.

### **Part B: Project Information.**

Item 1 must be the same for all tenants included in a single project set-up.

1. **County Code:** To be completed only by States that are being administered in a centralized State HOME Program. Enter the 3-digit county code for the county in which the project is located.

2. **Number of Tenants Assisted.** Enter the total number of tenants to be assisted by this project.

### **Part C: Household Characteristics.**

Complete one line for each tenant receiving HOME tenant-based rental assistance from HOME project funds.

**Tenant's Last Name or First Five Letters of Last Name.** Enter the tenant's last name if the name is 5 letters or less. Enter the first five letters of the last name if the name is more than five letters.

**Tenants Social Security Number.** Enter the tenants 9-digit social security number.

**Number of Bedrooms.** Enter the appropriate code. 0 for single room occupancy or efficiency unit, 1 for 1 bedroom, 2 for 2 bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, and 5 for 5 or more bedrooms.

#### **Monthly Rent Including Utilities.**

**Tenant Contribution.** Enter the amount of the tenant's contribution including any payments made to the owner and any tenant-paid utilities. Do not include any HOME subsidy amounts. If the rent does not include utilities, or if the rent includes only partial utilities, e.g., heat, but not electricity, the tenant-paid utility costs must be added to the tenant contribution. Use actual costs or use the utility allowance schedule provided by the local Public Housing Authority (PHA) in accordance with form HUD-52667, Allowance for Tenant Furnished Utilities and Other Services.

**HOME Subsidy Amount.** Enter the amount from HOME project funds that will be paid to the tenant or owner as a rent subsidy payment (including any utility allowances) to the nearest dollar.

**Total Rent.** Enter the total of the Tenant Contribution and the HOME Subsidy Amount. **Note:** This amount may exceed the rent paid to the owner if it includes tenant-paid utilities.

#### **Income Data.**

**Monthly Gross Income.** Enter the monthly gross household income.

**Percent of Area Median Income.** For each occupied residential unit, enter one code only based on the following definitions:

- 1 - **0 - 30 Percent of Area Median** means a household whose adjusted income is at or below 30 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.
- 2 - **30 - 50 Percent of Area Median** means a household whose adjusted income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.
- 3 - **50 - 60 Percent of Area Median** means a household whose adjusted income exceeds 50 percent and does not exceed 60 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.
- 4 - **60 - 80 Percent of Area Median** means a household whose adjusted income exceeds 60 percent and does not exceed 80 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.

#### **HOUSEHOLD DATA**

**Ethnicity/Race:** This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary.

**Hispanic Ethnicity – Head of Household:** If Hispanic origin, Y. If not Hispanic origin, enter N.

**Race Head of Household:** For each occupied residential unit, enter one code only based on the following definitions:

09 - Vacant Unit. Self-Explanatory.

10 - Managers Unit. Self-Explanatory

11 - White. A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

12 - Black/African American. A person having origins in any of Black racial groups of Africa.

- 13 - Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent. This area includes, for example, China, India, Japan, and Korea.
- 14 - American Indian/Alaskan Native. A person having origins in any of the original peoples of the North American Continent, and who maintains cultural identification through tribal affiliations or community recognition.
- 15 - Native Hawaiian/Other Pacific Islander. A person having origins in any of the original peoples of the Pacific Islands. This area includes, for example, the Philippine Islands, Hawaii, and Samoa.
- 16 - American Indian/Alaskan Native & White. A person having origins in both American Indian/Alaskan Native and White Race categories.
- 17 - Asian & White. A person having origins in both Asian and White race categories.
- 18 - Black/African American & White. A person having origins in both Black/African American & White race categories.
- 19 - American Indian/Alaskan Native & Black/African American. A person having origins in both American Indian/Alaskan Native & Black/African American race categories.
- 20 - Other Multi-Racial. A person having origins in more than one of the race categories combined.

**Size of Household.** Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 or more persons (for households of more than 8, enter 8).

**Type of Household:** For each residential unit, enter one code only based on the following definitions:

- 1 - Single/Non-Elderly.** One person household in which the person is not elderly.
- 2 - Elderly.** One or two person household with a person at least 62 years of age.
- 3 - Related/Single Parent.** A single parent household with a dependent child or children (18 years of age or younger).
- 4 - Related/Two Parent.** A two parent household with a dependent child or children (18 years of age or younger).
- 5 - Other.** Any household that is not included in the above 4 definitions, including two or more unrelated individuals.

**Type of Contract.** Indicate the appropriate code for the type of tenant assistance contract (whether payment is made to the owner or to the tenant). Enter O for owner T for tenant.

**Status:** Type the number that corresponds to the status of the household receiving assistance: **1-** Tenant is newly assisted, **2-** Tenant's assistance has been renewed..

**Contract End Date:** The date the tenant's rental contract will end.

**HOME Assisted Unit.** Indicate whether the tenant receiving HOME tenant-based rental assistance (from HOME project funds) resides in a unit acquired, constructed or rehabilitated with HOME project funds. Enter Y for yes or N for no.

#### **Part D.: Contractor and Project Activity Information.**

- (1) Contractor Name and whether it is original submission or revision
- (2) HOME Contract Number
- (3) Name and phone # of person completing this form and the date
- (4) Type of Project
- (5) Owner of Project's Name
- (6) Project Address
- (7) **Grantee Activity (Project) Number** (For Revisions only)
- (8) **Total:** Funding codes and Descriptions are available on the HOME-3 form.

## PROJECT FUNDING SOURCE DETAIL LISTING STATE OF CALIFORNIA HOME PROGRAM

(For use with HOME Project Set-Ups, HOME-7 and HOME-8 and HOME Project Completion Reports,  
HOME-10-, HOME-11 and HOME-12)

Funding Source Code	Match Code?	Funding Source Description
01		<b>HOME FUNDS</b> - Direct or Deferred Loan
02		<b>HOME FUNDS</b> – Grant (per Stat HOME Regulation Section 8205 (b) (1).)
04		<b>HOME FUNDS</b> - CHDO/Tech. Assist. ( <b>Must have prior HOME Program Manager authorization</b> )
05		<b>HOME FUNDS</b> – PIL – Program Income – Local Assistance- State HOME Funds – For Fiscal Use Only
06		<b>HOME FUNDS</b> – Administration (State Recipients and CHDOs should both utilize this code for admin. CHDO's should also use this code for Activity Delivery Costs and Other Project Related Soft Costs)
10		<b>HOME FUNDS</b> – PIA – Program Income – Administration- State HOME Funds – For Fiscal Use Only
11		<b>HOME FUNDS</b> – Activity Delivery Costs (Only State Recipients should utilize this code.)
09		<b>Non-HOME FEDERAL FUNDS</b> - Other (Describe Source) e.g. HUD 202, 811 programs, RD loans, FmHA loans, CDBG
E.		<b>STATE FUNDS</b> - Other (Describe Source) e.g. CHFA administered School Bonds, CalHome
F.	Match	<b>STATE FUNDS - MATCH</b> - (Describe Source)
FN	Match	<b>STATE FUNDS - MATCH – NOT PART OF PROJECT TOTAL</b> (Describe Source)
G.		<b>STATE - Tax Exempt Bond Proceeds</b> e.g. CHFA or Rural Gold loans (not counted as Match)
H.	Match	<b>STATE - Tax Exempt Bond Proceeds – MATCH</b> e.g. CHFA or Rural Gold loans
HN	Match	<b>STATE - Tax Exempt Bond Proceeds – MATCH – NOT PART OF PROJECT TOTAL</b> e.g. CHFA or Rural Gold loans
J.		<b>LOCAL FUNDS - RDA</b> (not counted as Match)
K.	Match	<b>LOCAL FUNDS - RDA – MATCH</b>
KN	Match	<b>LOCAL FUNDS - RDA – MATCH – NOT PART OF PROJECT TOTAL</b>

P.		<b>LOCAL FUNDS - OTHER</b> (Describe Source) (not counted as Match)
Q.	Match	<b>LOCAL FUNDS - OTHER - MATCH</b> (Describe Source) e.g. Property tax welfare exemption or fee waivers
QN	Match	<b>LOCAL FUNDS - OTHER – MATCH – NOT PART OF PROJECT TOTAL</b> (Describe Source) e.g. Property tax welfare exemption or fee waivers
R.		<b>PRIVATE LOANS</b> - (Specify lender name) e.g. banks or mortgage companies.
S.		<b>OWNER/TENANT CONTRIBUTIONS</b> - (Includes TBRA tenant contribution and owner contributions only)
T.	Match	<b>OWNER/TENANT CONTRIBUTIONS - MATCH</b> - (Includes sweat equity and voluntary labor)
TN	Match	<b>OWNER/TENANT CONTRIBUTIONS - MATCH - NOT PART OF PROJECT TOTAL</b> (Includes sweat equity and voluntary labor)
U.		<b>PRIVATE GRANT</b> - (Describe Source) – private grants that do not qualify as match, e.g. charitable contributions
V.	Match	<b>PRIVATE GRANT - MATCH</b> (Describe Source) e.g. waived title company fees, or AHP
VN	Match	<b>PRIVATE GRANT - MATCH - NOT PART OF PROJECT TOTAL</b> (Describe Source) e.g. waived title company fees, or AHP
W		<b><u>NET</u> Syndication Proceeds</b> – Investor/Limited Partners capital contributions from sale of Low-Income Tax Credits
X1		<b>LOW-INCOME TAX CREDITS - FEDERAL: NOT PART OF PROJECT TOTAL</b>
X2		<b>LOW-INCOME TAX CREDITS – STATE: NOT PART OF PROJECT TOTAL</b>
X3	Match	<b>LOW-INCOME TAX CREDITS –STATE - MATCH: NOT PART OF PROJECT TOTAL</b>
Y		Funds from the local HOME funds investment account. i.e., HOME program income or recaptured funds"
Z.	Match	<b>HOME-LIKE MATCH:</b> MATCH for HOME-Like Activities. Part of project total.
ZN	Match	<b>HOME-LIKE MATCH:</b> MATCH for HOME-Like Activities. Not part of project total.

**DISBURSING FUNDS**

**TROUBLESHOOTING**

The HOME Program Fiscal staff has identified some frequent problems that may occur when contractor's request funds. We hope to avoid project delays by bringing these problems to your attention.

- Funds requested for project activities prior to the removal of Standard Agreement conditions or prior to a project being set up in IDIS.
- Project canceled by IDIS because first project drawdown was not made within 12 months of project set up.
- Project Drawdown Request exceeds amount set up for project. A revised Project Set Up (HOME-7 or HOME-8) form must be submitted to increase a project's funding amount before the Contractor can access the additional funds.
- Failure to submit a revised Project Set Up (HOME-7 or HOME-8) form after revising the HOME set up amount or when Program Income (PI) dollars are spent on a project in place of HOME Program Funds.
- Failure to submit a drawdown request form (HOME-4 or HOME-5) with an original signature. Fax copies of drawdown requests will not be accepted by the Department. Due to audit requirements, an original signature is required on all drawdown requests. If a drawdown request is missing the original signature it will be returned to the appropriate HOME Program Representative and will not be processed by the HOME Program Fiscal Unit staff until a request with an original signature is submitted.
- Failure to submit Delegation of Signature Letters prior to or concurrently with Administrative Drawdown Request (HOME-4) or Project Drawdown Request (HOME-5) forms. If the signature on the drawdown request does not match the Delegation of Authority Signature document the Department has on file, the drawdown request will be returned to the appropriate HOME Program Representative and will not be processed by the HOME Program Fiscal Staff until a Delegation of Signature Authority letter is received.



**DISBURSING FUNDS**

- Failure to submit a Payee Data Record (Std. 204) and/or Substitute Payee Letter prior to or concurrently with Administrative Drawdown Request (HOME-4) or Project Drawdown Request (HOME-5) forms. The drawdown request will be returned to the appropriate HOME Program Representative and will not be processed by the HOME Program Fiscal Unit staff until a Payee Data Record and/or Substitute Payee Letter are received.
- Project Drawdown Request does not include other funding sources being disbursed in the same period as covered by Project Drawdown Request.
- Standard Agreement Numbers not included on forms or are incorrectly reported.
- Failure to provide the Contractor's Program Income Local Account Balance on the Project Drawdown Request (HOME-5) form. All HOME Program Income must be disbursed prior to requesting more HOME Program funds. Either enter the balance of your Program Income Local Account or enter \$0.00 if the balance is zero. Do not leave this field blank.
- Project Numbers not included on forms or are incorrectly reported.
- Project Drawdown Requests are not rounded to whole dollars. IDIS will not accept draws for amounts with cents.
- Final drawdown request submitted to the Department in error. This request automatically activates the IDIS clock for a Project Completion Report to be submitted and processed. If this happens, a revised Project Set Up forms will have to be submitted to the Department and processed by HOME Program Fiscal staff in IDIS to reactivate the project account.
- The authorized signature on the drawdown request form is not the signature authorized by the Standard Agreement or the resolution. The request will be returned to the HOME Program Representative and will not be processed by the HOME Program Fiscal staff until the correct signature authorization has been received.

**DISBURSING FUNDS**

**SAMPLE LETTER REQUESTING A DESIGNATED PAYEE**

LETTERHEAD

Designated Payee Authorization

(Date)

(Your HOME Representative's Name)  
California Department of Housing and Community Development  
HOME Program  
P.O. Box 952054, MS 390-2B  
Sacramento, CA 94252-2054

RE: (Your HOME Standard Agreement Number)  
(HOME Contractor Name)

Dear (Your HOME Representative):

This letter authorizes (name of designated payee) located at (full address of designated payee) to act as the payee for (name of HOME Contractor) encumbered under Standard Agreement Number \_\_\_\_-HOME-\_\_\_\_\_, which will be used for costs associated with (name of HOME activity being undertaken, such as administration, acquisition, new construction, rehabilitation or tenant-based rental assistance). This authorization will remain in effect until (time frame, such as, until rescinded by written notice).

Sincerely,

(Signature of Authorized HOME Signatory)  
(Name of Authorized Signatory)  
(Title of Authorized Signatory)

**DISBURSING FUNDS**

**REFERENCES**

**State HOME Regulations Sections 8200 thru 8220** provide that the Contractor shall comply with any terms and conditions which are necessary to comply with the HOME Investment Partnerships Program federal regulations (24 CFR Part 92).

**OMB Management Circular A-87** establishes principles and standards for determining costs applicable to grants, contracts and other agreements with State and local governments.

**OMB Management Circular A-84** promulgates standards for obtaining consistency and uniformity among federal agencies in the administration of grants to, and other agreements with, public and private institutions of higher education, public and private hospitals, and other quasi-public and private nonprofit organizations. This circular does not apply to grants, contracts, or other agreements between the federal government and units of State or local governments covered by OMB Circular A-87.

**OMB Management Circular A-122** establishes principles for determining costs of grants, contracts and other agreements with nonprofit organizations. It does not apply to colleges and universities which are covered by Circular A-21; State, local, and Federally recognized Indian tribal governments which are covered by OMB Circular A-87; or hospitals. The principles are designed to provide that the federal government bears its fair share of costs except where restricted or prohibited by law. The principles do not attempt to prescribe the extent of cost sharing or matching on grants, contracts, or other agreements. However, such cost sharing or matching shall not be accomplished through arbitrary limitations on individual cost elements by federal agencies. Provisions for profit or other increment above cost is outside the scope of this Circular.

**OMB Management Circular A-133** provides policy guidance to federal agencies for establishing uniform requirements for audits of awards provided to institutions of higher education and other nonprofit organizations. It promotes the efficient and effective use of audit services.

**HOME Investment Partnerships Program Federal Regulations (24 CFR Part 92)** provide the operating and implementing HOME Program regulations.

## ADMINISTRATIVE DRAWDOWN REQUEST STATE OF CALIFORNIA HOME PROGRAM

Contractor Name: \_\_\_\_\_

HOME Contract Number: \_\_\_\_\_-HOME-\_\_\_\_\_

This form is to be used for requesting payment of administrative costs as authorized under the above Standard Agreement. If this is the first payment request for administrative funds, the sources and amounts identified below should include all of the other funds expended at the time of this request including all other funding sources used to pay administrative costs. All subsequent requests for administrative funds should include all those sources and amounts used since the last administrative drawdown request. Please request and report funds rounded to the nearest dollar (no cents), and do not request less than \$100 unless it is your final administrative draw. Refer to Appendix 1-D-5 for funding source detail.

Funding Source Code	List Funding Sources Being Used During This Disbursement Period Funding Source Description	Amount
06	HOME Administrative Funds	\$
		\$
		\$
		\$
		\$
		\$
		\$
	Beginning Available Project Balance (less any previous drawdown requests)	\$
	Less this Request.	—
	Project Balance	\$
Beginning date on which administrative expenses were incurred under this drawdown request:		
Ending date on which administrative expenses were incurred under this drawdown request:		
Drawdown Number: _____	Final Draw?:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Certification**

This certifies the following:

1. that to the best of my knowledge, this report is true in all respects;
2. that all funding sources and amounts reported herein have been expended or will be expended at the time the requested HOME funds are disbursed in accordance with the above-numbered Standard Agreement;
3. that the work has been completed and the costs have been incurred for which payment is being requested; and
4. that I am specifically authorized to sign documents of this nature on behalf of the State Recipient/ CHDO. Proof of such authorization was submitted to the Department prior to this request or is attached to this request.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Use a typewriter or print carefully with a ballpoint pen. Prepare an original and one copy. **Retain a copy and mail the original to:**

**Department of Housing and Community Development  
HOME Program  
1800 3<sup>rd</sup> Street, MS 390-3  
P.O. Box 952054  
Sacramento, CA 94252-2054**

## PROJECT DRAWDOWN REQUEST STATE OF CALIFORNIA HOME PROGRAM

Contractor Name: \_\_\_\_\_

HOME Contract Number: \_\_\_\_\_-HOME-\_\_\_\_\_

State Recipients are required to identify, at least once per month, their undisbursed balance of Program Income/Recaptured funds ("Balance"). Please provide the following information:

a) Date of Balance: \_\_\_\_\_, b) Balance (if Balance is zero enter 0, do not leave blank): \$\_\_\_\_\_.

Please include only HOME projects funds (Funding Source Codes 01, 02, 04 05, and 11) on this request. Report funds rounded to the nearest dollar (no cents), and do not request less than \$100 unless it is your final drawdown request. Do not include program administrative funding. If the project was set up without tenant/owner name(s), please include the name(s) on this form for inclusion into the Department's records.

Funding Source Code	Funding Source Description	Amount
01	HOME Funds -	\$
01	HOME Funds -	\$
11	HOME Funds – Activity Delivery Costs (State Recipients Only)	\$
	Other HOME FUNDS (Fiscal Use only)	\$
	Beginning Available Project Balance (less any previous drawdown requests)	\$
	Less this Request.	
	Project Balance	\$

HUD Activity Number: _____ UOG Code: _____ Grantee Activity Number: M _____ - ____		Drawdown Request Number: _____	
For TBRA, Number of Tenants Assisted: _____		Final Draw?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For other than TBRA Project: _____ Owner Name: _____			
Project Address: _____			

Payee Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STATE OF CALIFORNIA HOME PROGRAM  
PROJECT DRAWDOWN REQUEST**

**Certification**

Contractor Name: \_\_\_\_\_

Standard Agreement Number: \_\_\_\_\_-HOME-\_\_\_\_\_

Grantee Activity Number: M\_\_\_\_\_ - \_\_\_\_

This **certifies** to the following with respect to the above-named project:

1. that an inspection has been made of the above-identified project for which construction progress payments are requested or for which an inspection is otherwise required;
2. that a record of such inspection is being maintained in the project's permanent file;
3. that to the best of my knowledge this report is true in all respects;
4. that **all funding sources and amounts reported herein have been expended or will be expended at the time the requested HOME Program funds are disbursed** in accordance with the above-numbered Standard Agreement;
5. that **the work for which payment is being requested has been completed and the costs have been incurred**;
6. that all construction contractors and subcontractors being paid with the proceeds of this drawdown are licensed and in good standing with the California State Contractor's License Board, and are not listed on the Federal Consolidated List of Debarred, Suspended, and Ineligible Contractors;
7. that there are no mechanics liens recorded against the project from previous drawdowns;
8. that I am specifically authorized to sign documents of this nature for the HOME Program on behalf of the State Recipient/CHDO. Proof of such authorization was submitted was submitted to the Department prior to this drawdown request or is attached to this request.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Use a typewriter or print carefully with a ballpoint pen. Prepare an original and one copy. Retain a copy and mail the original to:

**Department of Housing and Community Development**  
HOME Program  
1800 3<sup>rd</sup> Street, MS 390-3  
P.O. Box 952054 Sacramento, CA 94252-2054

## **QUARTERLY PERFORMANCE REPORT**

### **INSTRUCTIONS**

1. **Name of Contractor:** Enter the name of the State Recipient or CHDO Contractor receiving funding through the HOME Program as it appears on your Standard Agreement.
2. **Contract Number:** Enter the Standard Agreement number assigned by the Department.
3. **Report Period:** Mark the appropriate quarter and enter the year for the period covered by this report.

### **Narrative Summary**

1. Describe the work undertaken and/or completed during the reporting period. Provide this information by activity, e.g. first-time homebuyer, new construction, rental rehabilitation, tenant based rental assistance, etc. Also address any special conditions listed in your Standard Agreement. When applicable, please complete the table regarding HOME-assisted units.
2. Describe what activities you plan to undertake or complete during the next reporting period.
3. Describe any problems encountered thus far in implementing the program. Also describe the manner and timing by which problems were being addressed or resolved.
4. Describe how any problems that have arisen may impact your ability to complete or fulfill your contract obligations. If additional technical assistance by HOME staff would be beneficial, describe that need as well.
5. List, on the table provided, any projects funded from "Program Income" or "Recaptured Funds" which did not require drawing down any federal HOME funds.

### **Financial Summary**

1. **Standard Agreement**

Provide the beginning amount available for all project activities through your Standard Agreement, the amount drawn down to date, the remaining balance for project activities and the relevant percentages. For your own awareness, please compare the expenditure percentages to the expenditure milestones required under our new regulations. Provide the amount of match that has been documented to date. Provide the information requested regarding administrative funds identified in your Standard Agreement.



2. **Provide Information for all Program Income, Recaptured Funds, and the Repayment of Funds to the State**

Program Income

- the amount available at the beginning of the reporting quarter,
- any funds received during the quarter,
- any funds disbursed during the quarter,
- any funds retained for admin, and
- the balance of funds remaining at the end of the quarter.

Recaptured Funds—Homeownership

- the amount available at the beginning of the reporting quarter,
- any funds received during the quarter,
- any funds disbursed during the quarter,
- any funds retained for administration, and
- the balance of funds remaining at the end of the quarter.

3. **Repayment of Funds to the State – Rental Housing**

- a. The affordability period is dictated by the amount of HOME funds committed to each HOME-assisted unit and the type of housing activity funded. Federal Final Rule Section 92.252 addresses the minimum period of affordability for rental units.
  - The Department has established a policy that all loans from private, conventional lenders on HOME-assisted units must have a term that is at least the term of the affordability period, and that the loans must be fully amortizing (no balloons are permitted).
  - Rental units assisted by CHDO's are required to have affordability periods of 30 years.
- b. Complete this section for any rental project that fails to maintain the affordability requirements.

4. **Signature, Title, Phone Number and Date**

The person submitting the quarterly report should provide his/her title, phone number, then sign and date the form.

## **QUARTERLY PERFORMANCE REPORT** **FORM**

**Name of Contractor:** \_\_\_\_\_ **State Contract No.:** \_\_\_\_\_-HOME-\_\_\_\_\_

**Reporting Period:**   \_\_January 1 through March 31, 200\_\_  
                                   \_\_April 1 through June 30, 200\_\_  
                                   \_\_July 1 through September 30, 200\_\_  
                                   \_\_October 1 through December 31, 200\_\_

**NOTE:**       **For each active HOME contract (a contract for which you have not filed all your final completion reports), a Quarterly Report is due within 30 days following the end of each calendar quarter.**

### **Narrative Summary**

1.     What has been undertaken and/or completed during the reporting period? Please provide a response for each activity as well as address any special conditions listed in your Standard Agreement. When applicable, please complete the table below.

<b>Activity</b>	<b>HOME Assisted Units In Contract</b>	<b>Units Provided In Prior Quarters</b>	<b>Units Provided This Quarter</b>	<b>Units Remaining</b>

## Narrative Summary

2. What activities do you plan to undertake and/or complete during the NEXT reporting period? Please provide a response for each activity listed in your standard agreement.
3. Have any problems or issues arisen related to project development, financial management, environmental review, civil rights, labor standards, displacement/acquisition/ relocation, procurement, or other matters? If so, describe the nature of the problems and how they were being addressed or were resolved.

4. Describe problems, concerns, or issues that have arisen that may impact your ability to complete or fulfill your contract obligations. What, if any, additional technical assistance is needed to successfully complete this program/project?
5. List any projects funded solely with funds drawn from the local HOME account of your local HOME Investment Trust Fund during the most recent report period.

Owner/Project Name	Address	Activity	Amount	# of Units

### Financial Summary

**Reminder: Please refer to your Standard Agreement for Expenditure Milestones**

1. **Standard Agreement:**

Total allocation for all <u>project activities</u>	\$ _____	
Total allocation for <u>activity delivery</u>	\$ _____	
(For State Recipients only)		
Funds drawn down to date	\$ _____	_____ %
Remaining balance	\$ _____	_____ %
Match for funds drawn down to date	\$ _____	_____ %
Total allocation for <u>administration</u>	\$ _____	
Funds drawn down to date	\$ _____	_____ %
Remaining balance	\$ _____	_____ %

## QUARTERLY PERFORMANCE REPORT

Continued

### **2. Provide Information for all Program Income and Recaptured Funds:**

#### **Homeownership**

Program Income is the amount of principal and interest paid on a HOME loan. HOME funds used to assist homebuyers also have affordability requirements. The HOME investment must be recaptured if the homeowner recipient sells the house before the end of the affordability period. State Recipients may reduce the amount of the HOME investment that is recaptured on a pro rata basis to reflect the number of years the homeowner has owned and occupied the housing measured against the affordability period. For example: A homeowner who received a \$20,000 HOME loan, requiring a 10 year affordability period, sells the house after living in it for 5 years. The full principal amount of \$20,000 is repaid, but the State Recipient may treat 50% of the returned principal as Recaptured Funds and 50% as Program Income.

State Recipients are required to differentiate between these Program Income and Recaptured Funds due to the fact that 10% of Program Income can be used for administrative costs, whereas recaptured funds cannot be used for admin. 100% of Recaptured Funds must be invested in another HOME-eligible activity.

### **Financial Summary**

	<b><u>Program Income</u></b>	<b><u>Recaptured Funds</u></b>	<b><u>Total</u></b>
1) Beginning balance	\$ _____	\$ _____	\$ _____
2) Amount <u>received</u> during quarter	\$ _____	\$ _____	\$ _____
<b><u>Amount disbursed during quarter:</u></b>			
3) Units also funded with HOME funds drawn down from HCD	\$ _____	\$ _____	
Amount retained for Admin	\$ _____	\$ _____	
4) Units assisted <b>only</b> with program income or recaptured funds	\$ _____	\$ _____	
Amount retained for Admin	\$ _____	\$ _____	
5) TOTAL <u>PROGRAM INCOME</u> / <u>RECAPTURED FUNDS</u> EXPENDED AT THE END OF REPORTING PERIOD: (Add lines 3 & 4)			\$ _____
6) BALANCE OF PROGRAM INCOME/RECAPTURED FUNDS in local account at end of reporting period. (Add lines 1 and 2, then subtract line 5 total)			\$ _____

## QUARTERLY PERFORMANCE REPORT Continued

### **3. Repayment of Funds to the State:**

#### **Rental Housing**

Rental units assisted with HOME funds are required to remain affordable for a designated length of time. The HOME-assisted units must remain affordable for the term of affordability specified in the HOME regulatory agreement secured against the property. The term of the HOME loan or any change in ownership does not terminate the HOME affordability restrictions. Neither the Department, as the PJ, nor any State Recipient, or CHDO is permitted to opt-out of the affordability requirements without triggering the "repayment" requirements. Further, the Department requires the State Recipients to fully enforce the affordability of any HOME-assisted rental units, even if it requires the use of legal remedies by the State Recipient.

When HOME funds are invested in a rental project that is terminated before completion, or invested in housing which failed to comply with the affordability requirements for the entire affordability period, the PJ must repay these funds to the U. S. Treasury. Any State Recipient which fails to maintain the affordability requirements for rental housing projects will be required to repay the Department in full (including any required interest). Failure to immediately repay HOME funds to the Department will result in penalties, including prohibition from submitting future applications for funding until the amount is repaid in full, and performance penalties the next time the State Recipient applies for funding.

### Financial Summary

#### **Repayment of Funds to the State:**

Contract No.: \_\_\_\_\_ -HOME- \_\_\_\_\_

Date of HOME Regulatory Agreement \_\_\_\_\_ Date Affordability Requirements expire: \_\_\_\_\_

HOME funds:	Project Owner:	Number of Units:
Interest:	Project Name:	Number of HOME Units:
Total Repayment:	Project Address:	City: Zip:

### Completed by

#### **4. Signature, Title, Phone Number and Date:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# HOME Program

## Homeownership Assistance

### Project Completion Report

Instructions: For Homeownership First-Time Homebuyer Rehabilitation Assistance projects, submit this form no later than 60m dyas after the final draw and mail the original copy to: Department of Housing and Community Development, HOME Program, 1800 3rd Street, MS 390-3, P.O. Box 952054, Sacramento, CA 95814

Mark Appropriate Box

#### Part A: Project Information

1. Grantee Activity (Project) #	2. Name of Participant	3. Participant Number	4. CHDO TAX ID Number
5. Type of Property (check one)			

#### Part B: Contractor and Project Activity Information

1. Contractor Name: \_\_\_\_\_

2. Name & phone # of person completing this form: \_\_\_\_\_ Date: \_\_\_\_\_

3. HUD Activity Number: \_\_\_\_ \_

4. Owner of Project Name: \_\_\_\_\_

5. Project Address: \_\_\_\_\_

6. Does the Federal Housing Administration (FHA) insure the project?

7. Are the units or unit accessible to disabled persons as defined by Section 504 of the Rehabilitation Act of 1973?  
If yes, what is the number of accessible units? \_\_\_\_\_

#### Part C: Financial Structure of Project

Type of activity Financed (check one)

#### Project Costs (For HOME Funds used for downpayment assistance, complete Part D)

1. HOME Funds (1) (Complete appropriate Items (1) - (5))	Direct Loan	Annual Interest Rate %	Amortization Period yrs.	\$
(2)	Grant			\$
(3)	Deferred Payment Loan	Annual Interest Rate %	Amortization Period yrs.	\$
(4)	Community Housing Development Organization (CHDO) Loan			
a.	TA Loan		\$	
b.	Seed Loan		\$	
Total CHDO Loan (Total Items 4a & 4b)				
(5)	Other			\$
Total HOME Funds (Total Items (1) - (5))				\$

Project Address:	Grantee Activity (Project) Number:
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**Part D: Financial Assistance to Homebuyer**    **Note: Complete for first time homebuyer projects only.**

1. Initial Purchase Price				\$
2. Appraised Value				\$
3. Total HOME Funds for Downpayment Assistance (sum of 3(a) + 3(b) + 3(c) + 3(d))				\$
(a)	Annual Interest Rate	Amortization Period	\$	
Direct Loan	%	yrs.		
(b)			\$	
Grant				
	Deferred Payment Loan		\$	
(d)			\$	
Other				
4. HOME Program Income for Downpayment Assistance				\$
5. Total HOME Funds for Downpayment Assistance (Items 3-4).				\$

**Part E: Complete for homeownership rehabilitation projects only.**

(1) After Rehabilitation Value			\$
(2) Single Family Mortgage Limit			\$
2. Public Funds	(1) Other Federal Funds	\$	
	(2) State/Local Appropriated Funds	\$	
	(3) State/Local Tax Exempt Bond Proceeds	\$	
<b>Total Public Funds (Total Items (1) - (3))</b>			\$
3. Private Funds	(1) Private Loan Funds	\$	
	(2) Owner Cash Contribution	\$	
	(3) Private Grants	\$	
<b>Total Private Funds (Total Items (1) - (3))</b>			\$
4. HOME Program Income			\$
<b>5. Total Project Costs (Total Items 1 - 4)</b>			\$



Project Address:	Grantee Activity (Project) Number:
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**Part F: Funding Sources**

Funding Source Code	Check Here if Match	Funding Source Description	Amount(s) Part of Project Total	Amount(s) Not Part of Project Total
01		HOME Funds	\$	
11		Activity Delivery Costs	\$	
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Total - Should equal Part A.7 on Project Set-Up Form			\$	

**Part G: Household Characteristics** Complete the first line for the unit to be occupied by an owner. Fill out the second (third/fourth) line(s) for the rental unit(s). For an unoccupied unit, enter unit number, number of bedrooms and total rent and 9 as instructed.

Unit No.	No. of Bedrooms	Occupancy	Monthly Rent (including Tenant Paid Utilities)			Income Data		Household Data				
			Tenant Contribution	Subsidy Amount	Total Rent	Monthly Gross Income	% of Area Median	Head of Household		Size of Household	Type of Household	Rental Assistance
								Hispanic	Race			

No. of Bedrooms Code	Occupancy Code	Hispanic Ethnicity-Head of Household Code: If Hispanic origin, enter Y. If not Hispanic origin, enter N.	Race of Household Code	Size of Household Code	Type of Household Code	Rental Assistance Code
0 - 0 Bedroom	1 - Tenant		09-Vacant Unit	1 - 1 Person	Single/non-Elderly	1 - Section 8
1 - 1 Bedroom	2 - Owner		10-Managers Unit	2 - 2 Persons	2 - Elderly	2 - HOME TBA
2 - 2 Bedrooms	3 - Vacant		11-White	3 - 3 Persons	3 - Related/Single Parent	3 - Other
3 - 3 Bedrooms			12-Blk/Afrcn Amrcn	4 - 4 persons	4 - Related/Two-Parent	4 - No Assistance
4 - 4 Bedrooms	% of Area Median Income Code		13-Asian	5 - 5 Persons	5 - Other	9 - Vacant Unit
5 - 5 or more Bedrooms			14-Amrcn Indn/Alskn Ntve	6 - 6 Persons	9 - Vacant Unit	
			15-Ntve Hawaiian/Othr Pac Islnder	7 - 7 Persons		
			16-Amrcn Indn/Alskn Ntve & White	8 - 8 or more Persons		
			17-Asian & White	9 - Vacant Unit		
			18-Blk/Afrcn Amrcn & White			
			19-Amrcn Indn/Alskn Ntve & Blck/Afrcn Amrcn			
			20-Other Multi-Racial			

## Instructions for completing the Homeownership Assistance Project Completion Report

The HOME statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owners or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track performance of participants in meeting fund commitment and expenditure deadlines; 3) to permit HUD to determine whether each participant meets the HOME statutory income targeting and affordability requirements; and 4) to permit HUD to determine compliance with other statutory and regulatory program requirements. This data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the reporting of certain project-specific data elements. Records of information collected will be maintained by the recipients of the assistance. Information on activities and expenditures of grant funds is public information is generally available for disclosure.

**Read the instructions for each item carefully before completing the report form. Use a typewriter or print carefully with a ballpoint pen. Prepare an original and one copy. Retain a copy and mail the original to:**

Department of Housing and Community Development, HOME Program  
1800 3<sup>rd</sup> Street, MS 390-3  
P.O. Box 952054  
Sacramento, CA 94252-2054

**Applicability.** This report form must be completed for each homeowner-occupied single-family project and for a property with one owner occupant and zero to three rental units. **Note:** Completion of a project with two or more homeowners should be reported on the multiple-unit Homeownership Project Completion Report. Such a project would also include two duplex properties each occupied by a homeowner but where the two properties are considered one project.

**Timing.** The Homeownership Assistance Project Completion Report must be received by the State of California Home Program within 60 days of requesting the final disbursement of HOME funds for the project. An amended completion report should be submitted when all units initially reported vacant are occupied and the change should be highlighted in yellow.

### Part A: Project Information

1. **Grantee Activity (Project) Number.** Enter the 10-digit project number assigned by the State of California Home Program during set-up.
2. **Name of Participant.** Enter the name of the participating jurisdiction (PJ), or, for State recipients, the name of the State recipient (identified on the HUD-40100-State Designation of State Recipients form).
3. **Participant Tax ID Number.** Enter the Tax (Employer) Identification Number for the participating jurisdiction from block 3 of the Funding Approval and HOME Investment Partnership Agreement (HUD-40093); for a State recipient project, enter the State recipient's TAX ID Number from the HUD-40100-State Designation of State Recipients form.
4. **CHDO Tax ID Number.** Complete only for projects assisted with funds reserved for Community Housing Development Organizations (CHDOs). Enter the Tax (Employer) Identification Number for the CHDO shown in the Designation of Community Housing Development Organizations (CHDO) form (HUD-40098).
5. **Type of Property.** Check one box to indicate the type of property assisted.
  - (1) 1-4 Single Family
  - (2) Condominium
  - (3) Cooperative
  - (4) Manufactured Home

### Part B: Contractor and Project Activity Information.

- (1) Contractor Name
- (2) Name and phone # of person completing this form and the date
- (3) HUD Activity Number
- (4) Owner of Project's Name
- (5) Project Address
- (6) FHA insured project
- (7) Section 504 of the Rehabilitation Act of 1973

## Part C: Financial Structure of Project

1. **Type of Activity Financed.** Mark only one of the 5 available boxes for naming the project's HOME-assisted activity.

- (1) **Rehabilitation Only.** A HOME-assisted rehabilitation project that did not include acquisition of real property. Such projects may have involved (a) repairs or improvement of residential unit(s) to bring the unit(s) up to the property standards required by 24 CFR 92.251; (b) the reconfiguration of a structure to reduce the total units in order to increase the number of large family units, (c) the addition of a room or rooms (e.g., bedroom or bathroom) outside the existing walls for purposes of meeting occupancy or code standards and (d) the adding of a unit or units within the existing structure.
- (2) **New Construction Only.** Any project that involved (a) the addition of units outside the existing walls of the structure and (b) the construction of a new residential unit(s). **Note:** When projects have combined new construction in one building(s) with rehabilitation activities in another building(s) on one parcel of land, the projects, by type of activity (i.e. rehabilitation or new construction), must be administratively set up as separate projects.
- (3) **Acquisition Only.** Acquisition of a structure that received a certificate of occupancy at least 13 months before acquisition, which did not require rehabilitation and which is being used to provide affordable rental housing.
- (4) **Acquisition and Rehabilitation.** A HOME-assisted rehabilitation project which included the acquisition of real property.
- (5) **Acquisition and New Construction.** A HOME-assisted new construction project which included the acquisition of real property. This includes acquisition of a structure that has received an initial certificate of occupancy within a one-year period prior to acquisition.

**Project Costs.** Include all HOME funds used for the project and all other funds (public and private) with one exception. Do not double count. If private funds are used for construction financing and those funds are later replaced by permanent financing, do not report both. Report all HOME funds expended on the project. (**Note:** Federal regulations specifically prohibit paying back HOME funds with HOME funds.) For funds other than HOME, to the extent a choice must be made to avoid double counting, report permanent financing rather than construction financing. The total amount reported on line 5 of Part B should be the total cost of the project. The total amount of HOME funds reported in the block titled "Total HOME Funds (Total Items (1)-(5))" of Part B must equal the total amount disbursed by IDIS for this project.

1. **HOME Funds.** Include HOME program income on line 4 below titled "HOME Program Income" only. Do not include HOME program income in any of the following 5 HOME categories.
  - (1) **Direct Loan.** Enter the amount of HOME funds provided for this project in the form of a direct loan. Enter the loan's interest rate and amortization period. If there are multiple loans, enter the interest rate and term of the largest loan.
  - (2) **Grant.** Enter the amount of HOME funds provided without any repayment requirements. (**Note:** A grant may be used to reduce the principal amount borrowed, a principal reduction payment, or the effective interest rate, an interest subsidy payment, on a privately originated loan.)
  - (3) **Deferred Payment Loan (DPL).** Enter the amount of HOME funds provided through loans where payments of principal and interest is deferred until a future time and enter the interest rate and amortization period, if any. A DPL is sometimes called a conditional grant (e.g., repayment is required when the project for a specified number of years or repayment of principal and interest starts after the bank loan is repaid).
  - (4) **Community Housing Development Organization (CHDO) Loan.**
    - (a) Technical Assistance (TA) Loan. Enter the amount of HOME funds provided as a CHDO TA loan for the project. Reference 24 CFR 92.301(a).
    - (b) Seed Money Loan. Enter the amount of HOME funds provided as a CHDO seed loan for the project. Reference 24 CFR 92.301(b).

**Total CHDO Loan.** Enter the total of the amounts entered on cited on 4a and 4b.

- (5) **Other.** Enter the total amount of HOME funds provided for subsidy funding that is other than the type of loan/grant assistance identified in the above items listed as (1) through (4).

**Total HOME Funds.** Enter the total of items (1) through (5) as the amount of HOME Funds expended on this project.

2. **Public Funds.** Enter in blocks (1) through (3) as the amount of public funds expended on this HOME-assisted project.

(1) **Other Federal Funds.** Exclude any HOME funds expended on this project.

(2) **State/Local Appropriated Funds.**

(3) **State/Local Tax Exempt Bond Proceeds.**

**Total Public Funds.** Enter the total of items (1) through (3) as the amount of Public Funds expended on this project.

3. **Private Funds.**

(1) **Private Loan funds.** Enter the amount of all of the costs for this project that have been paid with funds obtained from private financial institutions, such as banks, savings and loans, and credit unions, and enter the interest rate and amortization period of the loan. If there are multiple loans, enter the interest rate and term of the largest loan. (Do not double count.)

(2) **Owner Cash Contributions.** Enter the amount of all cash contributions provided by the project owner.

(3) **Private Grants.** Enter the amount of cash contributions provided by private organizations, foundations, donors, etc.

**Total Private Funds.** Enter the total of items (1) through (3) as the amount of Private Funds expended on this project.

4. **HOME Program Income.** Enter the total amount of funds provided from HOME income. Note: Exclude all program income representing homeowner downpayment assistance, which is entered under PART C, Line 4, "HOME Program Income".

5. **Total Project Cost.** Enter the sum of all totals for HOME funds, Public funds, and Private funds and HOME Program Income. (Totals from the above items 1 through 4).

#### **Part D. Financial Assistance to Homebuyer.**

**Complete for Part D for first-time homebuyer projects only.**

1. **Initial Purchase Price.** Enter the price paid by the first-time homebuyer for property as evidenced on the deed of trust note.

2. **Appraised Value.** Enter the estimated appraised value after any repair.

3. **HOME Funds for Downpayment Assistance.** Enter the amount of HOME Program funds, if any, provided as downpayment assistance to the homebuyer according to the following categories: (**Note:** Do not include HOME funds provided as construction financing. HOME funds provided as construction financing should be reported in Part B of this form.) For definitions of the four categories, refer to the description of HOME funds in Part B.

(a) **Direct Loan**

(b) **Grant**

(c) **Deferred Payment Loan**

(d) **Other**

4. **HOME Program Income.** Enter the amount of HOME Program Income provided as downpayment assistance to the homebuyer only. **Note:** Do not double count.

5. **Total HOME Funds for Downpayment Assistance.** Enter the amount of HOME funds provided as downpayment assistance to the homebuyer (Items 3 and 4).

#### **Part E. Homeownership Rehabilitation Projects Only.**

The information requested below pertains only to those projects that have been checked in Part B of this form as rehabilitation only or as acquisition and rehabilitation.

1. **After Rehabilitation Value.** Enter the dollar value of the property. The dollar value is the appraised value of the property before rehabilitation plus the total rehabilitation cost (i.e. all materials, supplies and labor costs directly related to the rehabilitation of the property).

2. **Single Family Mortgage Limit.** Enter the applicable section 203(b) FHA mortgage limit. If a higher limit has been authorized for HOME for your jurisdiction, enter that higher limit.

#### **Part F: Funding Sources**

Funding Codes and Descriptions are available on the HOME-3 form.

#### **Part G: Household Characteristics**

Complete the first line for the unit to be occupied by an owner. Fill out the second (third/fourth) line(s) for the rental unit(s), if any. For an unoccupied unit, enter the unit number, number of bedrooms and total rent and 9 as instructed.

**Project Address & Project Number.** Enter the address (of if no unique address, the unit number) of the HOME-assisted property. Also enter the 10-digit project number assigned by the State of California HOME Program at project set-up. This number should be the same as that entered in Part A, Block #1.

**Unit Number.** Enter the unit number of each unit assisted with HOME funds.

**Number of Bedrooms.** Enter 0 for single room occupancy (SRO) unit or for an efficiency unit, 1 for 1 bedroom, 2 for 2 bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, and 5 for 5 or more bedrooms.

**Occupancy.** Enter 1 if the unit is occupied by a tenant, 2 if it is occupied by a homeowner, and 9 if it is vacant.

**Owner/Tenant in Project prior to the HOME assistance.** Enter 1, if the tenant was residing in the project prior to the HOME assistance. Enter 2, if the tenant was not residing in the project prior to the HOME assistance.

#### **Monthly Rent (Including Utilities)**

**Tenant Contribution.** For homeowners, enter 0. For tenants, enter the actual rent to the nearest dollar paid by the tenant at the time of project completion. If the rent includes utilities, or if the rent includes partial utilities, e.g., heat, but not electricity, these utility costs must be added to the rent. Compute utility costs for the area, and in the case of partial utilities, compute costs for utilities excluded from the rent, by using the utility allowance schedule provided by the local Public Housing Authority (PHA) in accordance with form HUD-52667, Allowance for Tenant Furnished Utilities and Other Services.

**Subsidy Amount.** For homeowner, enter 0. For tenant, enter the amount that the tenant receives as a rent subsidy payment (including any utility allowances paid directly to the tenant) to the nearest dollar. If the tenant does not receive a tenant subsidy payment, enter 0.

**Total Rent.** Enter the total monthly rent (tenant contribution plus subsidy amount).

#### **Income Data.**

**Monthly Gross Income.** Enter the monthly gross household income.

**Percent of Area Median Income.** For each occupied residential unit, enter one code only based on the following definitions:

- 1 - **0 - 30 Percent of Area Median** means a household whose adjusted income is at or below 30 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.

- 2 - **30 - 50 Percent of Area Median** means a household whose adjusted income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.

- 3 - **50 - 60 Percent of Area Median** means a household whose adjusted income exceeds 50 percent and does not exceed 60 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.

- 4 - **60 - 80 Percent of Area Median** means a household whose adjusted income exceeds 60 percent and does not exceed 80 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.

## HOUSEHOLD DATA

**Ethnicity/Race:** This information is confidential and is only used for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary.

**Hispanic Ethnicity – Head of Household:** If Hispanic origin, enter Y. If not Hispanic origin, enter N.

**Race Head of Household:** For each occupied residential unit, enter one code only based on the following definitions:

09 - Vacant Unit. Self-Explanatory.

10 - Managers Unit. Self-Explanatory

11 - White. A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

12 - Black/African American. A person having origins in any of Black racial groups of Africa.

13 - Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent. This area includes, for example, China, India, Japan, and Korea.

14 - American Indian/Alaskan Native. A person having origins in any of the original peoples of the North American Continent, and who maintains cultural identification through tribal affiliations or community recognition.

15 - Native Hawaiian/Other Pacific Islander. A person having origins in any of the original peoples of the Pacific Islands. This area includes, for example, the Philippine Islands, Hawaii, and Samoa.

16 - American Indian/Alaskan Native & White. A person having origins in both American Indian/Alaskan Native and White Race categories.

17 - Asian & White. A person having origins in both Asian and White race categories.

18 - Black/African American & White. A person having origins in both Black/African American & White race categories.

19 - American Indian/Alaskan Native & Black/African American. A person having origins in both American Indian/Alaskan Native & Black/African American race categories.

20 - Other Multi-Racial. A person having origins in more than one of the race categories combined.

**Size of Household.** Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 or more persons (for households of more than 8, enter 8). Enter 9 for a vacant unit.

**Type of Household:** For each residential unit, enter one code only based on the following definitions:

1 - **Single/Non-Elderly.** One-person household in which the person is not elderly.

2 - **Elderly.** One or two person household with a person at least 62 years of age.

3 - **Related/Single Parent.** A single parent household with a dependent child or children (18 years of age or younger).

4 - **Related/Two Parent.** A two-parent household with a dependent child or children (18 years of age or younger).

5 - **Other.** Any household that is not included in the above 4 definitions, including two or more unrelated individuals.

9 - **Vacant Unit.** Self-explanatory.

**Rental Assistance.** Enter one code only to indicate the type of assistance, if any, being provided to the tenant.

1. **Section 8.** Tenants receiving Section 8 assistance through the Section 8 Certificate Program under 24 CFR part 882 or the Section Housing Voucher Program under 24 CDR part 887.

2. **HOME Tenant Based Rental Assistance.** Tenants receiving HOME tenant-based assistance.

3. **Other Assistance.** Tenants receiving rental assistance through other Federal, State or local rental assistance programs.

4. **No Assistance.** Self-explanatory.

9. **Vacant Unit.** Self-explanatory.

# HOME Program

## Multiple-unit Homeownership Assistance Project Completion Report

The HOME statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owners or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track performance of participants in meeting fund commitment and expenditure deadlines; 3) to permit HUD to determine whether each participant meets the HOME statutory income targeting and affordability requirements; and 4) to permit HUD to determine compliance with other statutory and regulatory program requirements. This data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the reporting of certain project-specific data elements. Records of information collected will be maintained by the recipients of the assistance. Information on activities and expenditures of grant funds is public information and is generally available for disclosure. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

### Part A

1. Project number	2. Name of participant	3. Participant tax ID
4. CHDO tax ID	5. Name & phone number of person completing form	
6. Type of property (check one)		
(1) <input type="checkbox"/> 1-4 SingleFamily    (2) <input type="checkbox"/> Condominium    (3) <input type="checkbox"/> Cooperative    (4) <input type="checkbox"/> Manufactured Home		

### Part B - Total Project Costs

Type activity financed (check one)

(1) ☐ Rehabilitation Only    (3) ☐ Acquisition Only    (5) ☐ Acquisition & New Construction

(2) ☐ New Construction Only    (4) ☐ Acquisition & Rehabilitation

1. <b>Total HOME Funds</b> (sum of 1a + 1b + 1c)		\$
(a) HOME funds other than CHDO loans	\$	
(b) CHDO TA Loan	\$	
(c) CHDO Seed Loan	\$	
2. <b>Total Public Funds</b> (sum of 2a + 2b + 2c)		\$
(a) Other Federal funds	\$	
(b) State/local appropriated funds	\$	
(c) State/local tax exempt bond proceeds	\$	
3. <b>Total Private Funds</b>		\$
4. <b>Total HOME Program Income</b>		\$
5. <b>Total Project Costs</b> (total items 1 thru 4)		\$

**Part C: Unit Costs and Owner/Tenant Characteristics** Fill out an additional Part C for each owner occupied unit. Number each Part C sequentially (1, 2, 3, etc..) in the designated space below.

Project Number (enter Project Number on every Part C sheet)	Part C number (enter "1" on the first Part C sheet, "2" on the 2nd, etc.)
---	---

a. Street address/number of unit

b. Initial purchase price	\$
---------------------------	----

c. Appraised value of unit	\$
----------------------------	----

d. After rehabilitation value	\$
-------------------------------	----

e. Single family mortgage limit	\$
---------------------------------	----

Type of Funds*	Method of Assistance**	For loans, also include the annual interest rate and amortization period.	Annual Interest Rate	Amortization Period	\$
f.			%	yrs.	
Type of Funds	Method of Assistance		Annual Interest Rate	Amortization Period	\$
g.			%	yrs.	
Type of Funds	Method of Assistance		Annual Interest Rate	Amortization Period	\$
h.			%	yrs.	
Type of Funds	Method of Assistance		Annual Interest Rate	Amortization Period	\$
i.			%	yrs.	
Type of Funds	Method of Assistance		Annual Interest Rate	Amortization Period	\$
j.			%	yrs.	
Type of Funds	Method of Assistance		Annual Interest Rate	Amortization Period	\$
k.			%	yrs.	
Type of Funds	Method of Assistance	Annual Interest Rate	Amortization Period	\$	
l.		%	yrs.		
Type of Funds	Method of Assistance	Annual Interest Rate	Amortization Period	\$	
m.		%	yrs.		
Type of Funds	Method of Assistance	Annual Interest Rate	Amortization Period	\$	
n.		%	yrs.		

o. <b>Total cost</b> of unit (including downpayment assistance)	\$
---	----

<b>*Type of funds:</b> enter 1 for HOME project costs. 2 for HOME for downpayment assistance. 3 for HOME program income 4 for other Federal appropriated.	5 for State or local appropriated. 6 for State or local tax exempt bond proceeds. 7 for private loan funds 8 for owner contribution, and 9 for private grants	<b>**Method of Assistance:</b> enter 1 for direct loan 2 for grant 3 for deferred payment loan (DPL) 4 for CHDO Loan, and 5 for other.
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**Owner (or tenant) Characteristics**

Unit No.	No. of Bedrooms	Occupancy	Monthly Rent (including Tenant Paid Utilities)			Income Data		Household Data				
			Tentant Contribution	Subsidy Amount	Total Rent	Monthly Gross Income	% of Area Median	Head of Household		Size of Household	Type of Household	Rental Assistance
								Hispanic	Race			

No. of Bedrooms Code	Occupancy Code	Hispanic Ethnicity-Head of Household Code: If Hispanic origin, enter Y. If not Hispanic origin, enter N.	Race of Household Code	Size of Household Code	Type of Household Code	Rental Assistance Code
0 - 0 Bedroom	1 - Tenant		09-Vacant Unit	1 - 1 Person	1 - Single/non-Elderly	1 - Section 8
1 - 1 Bedroom	2 - Owner		10-Managers Unit	2 - 2 Persons	2 - Elderly	2 - HOME TBA
2 - 2 Bedrooms	9 - Vacant		11-White	3 - 3 Persons	3 - Related/Single Parent	3 - Other
3 - 3 Bedrooms			12-Blk/Afrcn Amrcn	4 - 4 persons	4 - Related/Two-Parent	4 - No Assistance
4 - 4 Bedrooms			13-Asian	5 - 5 Persons	5 - Other	9 - Vacant Unit
5 - 5 or more Bedrooms			14-Amrcn Indn/Alskn Ntve	6 - 6 Persons		
	<b>% of Area Median Income Code</b>		15-Ntve Hawaiian/Othr Pac Islnder	7 - 7 Persons		
	1 - 0-30%		16-Amrcn Indn/Alskn Ntve & White	8 - 8 or more Persons		
	2 - 30-50%		17-Asian & White	9 - Vacant Unit		
	3 - 50-60%		18-Blck/Afrcn Amrcn & White			
	4 - 60-80%		19-Amrcn Indn/Alskn Ntve & Blck/Afrcn Amrcn			
	9 - Vacant		20-Other Multi-Racial			

# STATE OF CALIFORNIA HOME PROGRAM

## PART A: Contractor Information

Contractor Name: \_\_\_\_\_, ☐ Original Submittal ☐ Revision

Name and phone # of person completing this form \_\_\_\_\_, Date: \_\_\_\_\_

## PART B: Project Information

Grantee Activity Number: M \_\_\_\_\_ - \_\_\_\_\_

HUD Activity Number: \_\_\_\_\_

Owner or Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Does the Federal Housing Administration (FHA) insure the project?

☐ Yes

☐ No

Are the units or unit accessible to disabled persons as defined by Section 504 of the Rehabilitation Act of 1973?

☐ Yes

☐ No

If yes, what is the number of accessible units? \_\_\_\_\_

For the Total Project Costs (Item 5 of the Project Completion Report) provide the following breakdown according to funding source. Funding Source Codes and Descriptions are available on the reverse side of this form:

Funding Source Code	Check Here If Match	Funding Source Description	Amount(s) Part of Project Total	Amount(s) Not Part of Project Total
01		HOME Funds -	\$	
11		HOME Funds - Activity Delivery Costs	\$	
	<input type="checkbox"/>		\$	\$
	<input type="checkbox"/>		\$	\$
	<input type="checkbox"/>		\$	\$
	<input type="checkbox"/>		\$	\$
	<input type="checkbox"/>		\$	\$
	<input type="checkbox"/>		\$	\$
Total - Should equal Part A.7. on Project Set-Up Form			\$ 0.00	

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# Instructions for completing the Multi-unit Homeownership Assistance Project Completion Report

Read the instructions for each item carefully before completing the report form. Use a typewriter or print carefully with a ballpoint pen. Prepare an original and one copy. **Retain a copy and mail the original to:**

Department of Housing and Community Development, HOME Program  
1800 3<sup>rd</sup> Street, MS 390-3  
P.O. Box 952054  
Sacramento, CA 94252-2054

**Applicability.** This Multiple Homeownership Assistance Project Completion Report has been developed to reduce the burden of setting up, and drawing down funds for, a multiple homeowner project such as a 100 unit condominium. PJs will no longer need to set up 100 separate projects, and draw down funds against 100 separate projects to build such a project. This form is to be used to report the completion of any project that includes **two or more homeowners** and that is on land held in one ownership prior to project completion. **Note:** Where homeowner projects were set up separately, the completions must be reported separately..

Examples of such projects include: a PJ developing a subdivision for homeownership, buying or building a cooperative or condominium for first-time buyers, buying land for a mobile home park, replacing the roof and elevator in an existing condominium. The subdivision could involve developing single family homes or multiple duplexes (or triplexes or fourplexes) where an owner resides in one unit of the duplex (triplex, fourplex) and a tenant(s) resides in the other(s).

For other multiple homeowner projects that include HOME-assisted rental units, the rental units must be set up as a separate (rental) project. Thus developing an apartment building with 50 condo ownership units and 50 rental units would be set up as two projects.

Parts A and B are filled out once. A separate Part C is filled out for each homeowner property.

**Timing.** The Project Completion Report must be received by the State of California Home Program within 60 days of requesting the final disbursement of HOME funds for the project. An amended completion report should be submitted when all units initially reported vacant are occupied and the change should be highlighted in yellow.

## Part A: Project Information

1. **Project Number.** Enter the 10-digit project number assigned by the State of California Home Program during set-up.
2. **Name of Participant.** Enter the name of the participating jurisdiction (PJ), or, for State recipient projects, the name of the State recipient (identified on the HUD-40100-State Designation of State Recipients form).
3. **Participant Tax ID Number.** Enter the Tax (Employer) Identification Number for the participating jurisdiction from block 3 of the Funding Approval and HOME Investment Partnership Agreement (HUD-40093); for a State recipient project, enter the State recipient's TAX ID Number from the HUD-40100-State Designation of State Recipients form.
4. **CHDO Tax ID Number.** Complete only for projects assisted with funds reserved for Community Housing Development Organizations (CHDOs). Enter the Tax (Employer) Identification Number for the CHDO shown in the Designation of Community Housing Development Originations (CHDO) form (HUD-40098).
5. **Name & Phone Number of Person Completing Form.** Enter the name and phone number, including area code, of the person to contact for further information regarding this report form.
6. **Type of Property.** Check one box to indicate the type of property assisted.
  - (1) 1-4 Single Family
  - (2) Condominium
  - (3) Cooperative
  - (4) Manufactured Home

## Part B: Total Project Costs

**Type of Activity Financed.** Check one type only.

**Project Costs.** Include all HOME funds used for the project and all other funds (public and private) with one exception. **Do not double count.** If private funds are used for construction financing and those funds are later replaced by permanent financing, **do not report both.** Report all HOME funds expended on the project. (**Note: Federal regulations specifically prohibit paying back HOME funds with HOME funds.** HOME downpayment assistance **may not** be used for acquisition or construction costs paid earlier with HOME funds.) For funds other than HOME, to the extent a choice must be made to avoid double counting, report permanent financing rather than construction financing. The total amount reported on line 5 of Part B should be the total cost of the project. The amounts reported for each unit under Part C must add up to the total amounts reported here in Part B. The total amount of HOME funds reported on Line 1 of Part B must equal the total amount disbursed by IDIS for this project.

1. **HOME Funds.** (Include HOME program income on line 4 below, not here). Include all HOME funds including those used for project costs and for downpayment assistance.
  - (a) Enter the total amount of all HOME funds other than CHDO loans.
  - (b) Enter the amount of any CHDO technical assistance loan, if any.
  - (c) Enter the amount of any CHDO seed money loan, if any.
2. **Public Funds**
  - (a) Enter the amount of other Federal funds.
  - (b) Enter the amount of all State and local appropriated funds.
  - (c) Enter the amount of all State and local bond funds.
3. **Private Funds.** Enter the total of all private funds including private loans, owner equity, private grants, and other private funds.
4. **HOME Program Income.** Enter the total amount of funds provided from HOME program income.
5. **Total Project Cost.** Enter the totals from lines 1 through 4 above.

## Part C: Unit Costs and Owner/Tenant Characteristics.

**A separate Part C is filled out for each owner-occupied property.**

**Project Number.** Enter the 10-digit project number assigned by the State of California Home Program during set-up, entered on Part A, Block 1.

**Part C Number.** Number each Part C sequentially starting with "1".

**Special Instruction for each multiple homeowner projects containing rental units.** Just as the Homeowner completion form may be used for projects including up to three rental units, this form may be used in the same manner. Where information about the "unit" is requested, enter information about the duplex, (triplex, fourplex). Information about the household characteristics of the tenant(s) is entered on line 2 (3, 4) below under **Household Characteristics**.

- a. **Street address/number of unit.** Enter the address (or, if no unique street address, the unit number) of the HOME-assisted property.
- b. **Initial Purchase Price.** For first-time homebuyers, enter the price paid by the first-time homebuyer for the property.
- c. **Appraised Value.** For first-time homebuyers, enter the estimated appraised value of the unit after any repair.
- d. **After Rehabilitation Value.** For existing owners, enter the estimated value of the unit after rehabilitation.
- e. **Single Family Mortgage Limit.** Enter the applicable section 203(b) mortgage limit. If a higher limit has been authorized for HOME for your jurisdiction, enter that higher limit.



**Household Characteristics.** Complete the first line for the unit to be occupied by an owner. For most multiple homeowner projects this is the only line that will be used.

**Special instruction for duplexes with one owner occupant and one rental unit.** (Also applies to triplex/fourplex with one owner occupant and two/three rental units.) Fill out the second (third/fourth) line(s) for the rental unit(s).

**Unit Number.** Enter the unit number of each unit assisted with HOME funds.

**Number of Bedrooms.** Enter 0 for single room occupancy (SRO) unit or for an efficiency unit, 1 for 1 bedroom, 2 for 2 bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, and 5 for 5 or more bedrooms.

**Occupancy.** Enter 1 if the unit is occupied by a tenant, 2 if it is occupied by a homeowner, and 9 if it is vacant.

**Tenant in Project prior to the HOME assistance.** Enter 1, if the tenant was residing in the project prior to the HOME assistance. Enter 2, if the tenant was not residing in the project prior to the HOME assistance.

#### **Monthly Rent (Including Utilities)**

**Tenant Contribution.** Enter the actual rent to the nearest dollar, including utilities, paid by the tenant at the time of project completion. If the rent includes utilities, or if the rent includes partial utilities, e.g., heat, but not electricity, these utility costs must be added to the rent. Compute utility costs for the area, and in the case of partial utilities, compute costs for utilities excluded from the rent, by using the utility allowance schedule provided by the local Public Housing Authority (PHA) in accordance with form HUD-52667, Allowance for Tenant Furnished Utilities and Other Services.

**Subsidy Amount.** Enter the amount that the tenant receives as a rent subsidy payment (including any utility allowances paid directly to the tenant) to the nearest dollar. If the tenant does not receive a tenant subsidy payment, enter 0.

**Total Rent.** Enter the total monthly rent (tenant contribution plus subsidy amount).

#### **Income Data.**

**Monthly Gross Income.** Enter the monthly gross household income.

**Percent of Area Median Income.** For each occupied residential unit, enter one code only based on the following definitions:

- 1 - **0 - 30 Percent of Area Median** means a household whose adjusted income is at or below 30 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.
- 2 - **30 - 50 Percent of Area Median** means a household whose adjusted income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.
- 3 - **50 - 60 Percent of Area Median** means a household whose adjusted income exceeds 50 percent and does not exceed 60 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.
- 4 - **60 - 80 Percent of Area Median** means a household whose adjusted income exceeds 60 percent and does not exceed 80 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families

#### **HOUSEHOLD DATA**

**Ethnicity/Race:** This information is confidential and is only for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary.

**Hispanic Ethnicity – Head of Household:** If Hispanic origin, Y. If not Hispanic origin, enter N.

**Race Head of Household:** For each occupied residential unit, enter one code only based on the following definitions:

09 - Vacant Unit. Self-Explanatory.

10 - Managers Unit. Self-Explanatory

11 - White. A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

12 - Black/African American. A person having origins in any of Black racial groups of Africa.

13 - Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent. This area includes, for example, China, India, Japan, and Korea.

14 - American Indian/Alaskan Native. A person having origins in any of the original peoples of the North American Continent, and who maintains cultural identification through tribal affiliations or community recognition.

15 - Native Hawaiian/Other Pacific Islander. A person having origins in any of the original peoples of the Pacific Islands. This area includes, for example, the Philippine Islands, Hawaii, and Samoa.

16 - American Indian/Alaskan Native & White. A person having origins in both American Indian/Alaskan Native and White Race categories.

17 - Asian & White. A person having origins in both Asian and White race categories.

18 - Black/African American & White. A person having origins in both Black/African American & White race categories.

19 - American Indian/Alaskan Native & Black/African American. A person having origins in both American Indian/Alaskan Native & Black/African American race categories.

20 - Other Multi-Racial. A person having origins in more than one of the race categories combined.

**Size of Household.** Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 or more persons (for households of more than 8, enter 8). Enter 9 for a vacant unit.

**Type of Household:** For each residential unit, enter one code only based on the following definitions:

1 - **Single/Non-Elderly.** One-person household in which the person is not elderly.

2 - **Elderly.** One or two person household with a person at least 62 years of age.

3 - **Related/Single Parent.** A single parent household with a dependent child or children (18 years of age or younger).

4 - **Related/Two Parent.** A two-parent household with a dependent child or children (18 years of age or younger).

5 - **Other.** Any household that is not included in the above 4 definitions, including two or more unrelated individuals.

9 - **Vacant Unit.** Self-explanatory.

**Rental Assistance.** For homeowner, enter 4. For renters, enter one code only to indicate the type of assistance, if any, being provided to the tenant. Enter 1 for Section 8 assistance, 2 for HOME tenant-based rental assistance, 3 for other, 4 for no assistance, and 9 if the unit is vacant.

# HOME Program

**Instructions:** Submit this form when the Project is 100 percent occupied, but not later than 60 days after the final disbursement request. Send the completed form to: Department of Housing and Community Development HOME Program, 1800 3rd Street, MS 390-3, P.O. Box 952054, Sacramento, CA 95814

Mark the Appropriate Box

☐ Original Submission

☐ Revision

Part A: Project Information

1. Grantee Activity (Project) Number	2. Name of Participant	3. Participant's Tax ID Number		
4. CHDO Tax ID Number	5. Name & Phone Number (including Area Code) of person completing form			
6. Type of Property (check one)		7. Does Project Have Rent Exception?	8. Mixed Income Project?	9. Mixed Use Project?
(1) <input type="checkbox"/> Condominium (2) <input type="checkbox"/> Cooperative		(1) <input type="checkbox"/> Yes	(1) <input type="checkbox"/> Yes	(1) <input type="checkbox"/> Yes
(3) <input type="checkbox"/> Single Room Occupancy (4) <input type="checkbox"/> None of the Above		(2) <input type="checkbox"/> No	(2) <input type="checkbox"/> No	(2) <input type="checkbox"/> No

Part B: Financial Structure of Project

Type of Activity Financed (check one)

(1) ☐ Rehabilitation Only

(3) ☐ Acquisition Only

(5) ☐ Acquisition and New Construction

(2) ☐ New Construction Only

(4) ☐ Acquisition & Rehabilitation

<b>Project Costs</b>		Annual Interest Rate	Amortization Period
1. Home Funds (Complete appropriate items (1) – (5))	(1) Direct Loan	%	yrs. \$
	(2) Grant		\$
	(3) Deferred Payment Loan (DPL)	%	yrs. \$
	(4) Community Housing Development Organization (CHDO) Loan		
	a. TA Loan		\$
	b. Seed Loan		\$
	Total CHDO Loan (Total items 4a and 4b)		\$
	(5) Other (ex. Activity Delivery Costs)		\$
	<b>Total Home Funds</b> (Total Items (1) – (5))		\$
2. Public Funds	(1) Other Federal Funds		\$
	(2) State/Local Appropriated Funds		\$
	(3) State/Local Tax Exempt Bond Proceeds		\$
	<b>Total Public Funds</b> (Total Items (1) – (3))		\$
3. Private Funds	(1) Private Loan Funds	%	yrs. \$
	(2) Owner Cash Contribution		\$
	(3) Net Syndication Proceeds (No low income tax credit)		\$
	(4) Private Grants		\$
	<b>Total Private Funds</b> (Total Items (1) – (4))		\$
4. Low Income Tax Credit Syndication Proceeds			\$
5. HOME Program Income			\$
6. Total Project Cost (Total Items 1. – 5.)			\$

**PART C: Contractor & Project Information**

Contractor Name: \_\_\_\_\_, Original Submittal \_\_\_\_\_ Revision \_\_\_\_\_

Name and phone # of person completing this form \_\_\_\_\_, Date: \_\_\_\_\_

Grantee Activity Number: M \_\_\_\_\_ - \_\_\_\_\_

HUD Activity Number: \_\_\_\_\_

Owner or Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_  
\_\_\_\_\_

Does the Federal Housing Administration (FHA) insure the project? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are the units or unit accessible to disabled persons as defined by Section 504 of the Rehabilitation Act of 1973? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what is the number of accessible units? \_\_\_\_\_

For the Total Project Costs (Item 5 of the Project Completion Report) provide the following breakdown according to funding source. Funding Source Codes and Descriptions are available on the HOME-3 form.

Funding Source Code	Check Here If Match	Funding Source Description	Amount(s) Part of Project Total	Amount(s) Not Part of Project Total
01		HOME Funds -	\$	
11		HOME Funds - Activity Delivery Costs	\$	
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$
Total - Should equal Part A.7. on Project Set-Up Form			\$	

Project Address:	Grantee Activity (Project) Number:
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No. of Bedrooms Code	Occupancy Code	Hispanic Ethnicity-Head of Household Code: If Hispanic origin, enter Y. If not Hispanic origin enter N.	Race of Household Code	Size of Household Code	Type of Household Code	Rental Assistance Code
0 - 0 Bedroom	1 - Tenant		09-Vacant Unit	1 - 1 Person	1 - Single/non-Elderly	1 - Section 8
1 - 1 Bedroom	2 - Owner		10-Managers Unit	2 - 2 Persons	2 - Elderly	2 - HOME TBA
2 - 2 Bedrooms	9 - Vacant		11-White	3 - 3 Persons	3 - Related/Single	3 - Other
3 - 3 Bedrooms	<b>% of Area Median Income Code</b> C		12-Blk/Afrcn Amrcn	4 - 4 persons	Parent	4 - No Assistance
4 - 4 Bedrooms			13-Asian	5 - 5 Persons	4 - Related/Two-Parent	9 - Vacant Unit
5 - 5 or more Bedrooms			14-Amrcn Indn/Alskn Ntve	6 - 6 Persons	5 - Other	
			15-Ntve Hawaiian/Othr Pac Islnder	7 - 7 Persons	9 - Vacant Unit	
			16-Amrcn Indn/Alskn Ntve & White	8 - 8 or more Persons		
	1 - 0-30%		17-Asian & White	9 - Vacant Unit		
	2 - 30-50%		18-Blck/Afrcn Amrcn & White			
	3 - 50-60%		19-Amrcn Indn/Alskn Ntve & Blck/Afrcn Amrcn			
	4 - 60-80%		20-Other Multi-Racial			
	9 - Vacant					

# Instructions for completing the Rental Housing Project Completion Report

The HOME statute imposes a significant number of data collection and reporting requirements. This includes information on assisted properties, on the owners or tenants of the properties, and on other programmatic areas. The information will be used: 1) to assist HOME participants in managing their programs; 2) to track performance of participants in meeting fund commitment and expenditure deadlines; 3) to permit HUD to determine whether each participant meets the HOME statutory income targeting and affordability requirements; and 4) to permit HUD to determine compliance with other statutory and regulatory program requirements. This data collection is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act or related authorities. Access to Federal grant funds is contingent on the reporting of certain project-specific data elements. Records of information collected will be maintained by the recipients of the assistance. Information on activities and expenditures of grant funds is public information is generally available for disclosure. Recipients are responsible for ensuring confidentiality when public disclosure is not required.

Read the instructions for each item carefully before completing the report form. Use a typewriter or print carefully with a ballpoint pen. Prepare an original and one copy. **Retain a copy and mail the original to:**

Department of Housing and Community Development,  
HOME Program  
1800 3<sup>rd</sup> Street, MS 390-3  
P.O. Box 952054  
Sacramento, CA 94252-2054

**Applicability.** This report form must be completed for each rental housing project assisted with HOME funds. It is to be used only for a project having no owner occupants or for a project with an owner occupant and 4 or more rental units. **Note:** Completion of a project with one owner occupant and zero to three rental units should be reported on the Homeownership Assistance Project Completion Report. Completion of a project with two or more homeowners should be reported on the multiple-unit Homeownership Project Completion Report.

**Timing.** The Rental Housing Project Completion Report must be received by the State of California Home Program within 60 days of requesting the final disbursement of HOME funds for the project. An amended completion report should be submitted when all units initially reported vacant are occupied and the change should be highlighted in yellow.

## Part A: Project Information

1. **Project Number.** Enter the 10-digit project number assigned by the State of California Home Program during set-up.
2. **Name of Participant.** Enter the name of the participating jurisdiction (PJ), or, for State recipient projects, the name of the State recipient (identified on the HUD-40100-State Designation of State Recipients form).
3. **Participant Tax ID Number.** Enter the Tax (Employer) Identification Number for the participating jurisdiction from block 3 of the Funding Approval and HOME Investment Partnership Agreement (HUD-40093); for a State recipient project, enter the State recipient's TAX ID Number from the HUD-40100-State Designation of State Recipients form.
4. **CHDO Tax ID Number.** Complete only for projects assisted with funds reserved for Community Housing Development Organizations (CHDOs). Enter the Tax (Employer) Identification Number for the CHDO shown in the Designation of Community Housing Development Organizations (CHDO) form (HUD-40098).
5. **Name & Phone Number of Person Completing Form.** Enter the name and phone number, including area code, of the person to contact for further information regarding this report form.
6. **Type of Property.** Check one box to indicate the type of property assisted.
  - (1) Condominium
  - (2) Cooperative
  - (3) Single Room Occupancy
  - (4) None of the above
7. **Rent Exception.** HUD may adjust the qualifying rent established for a project under section 92.252(d) if HUD finds an adjustment is necessary

to maintain the financial viability of the project. Mark one box to indicate whether or not the project has a rent exception.

8. **Mixed-Income Project.** Mark "yes" where less than 100 percent of the project's housing units qualify as affordable housing as defined in section 92.252 of the HOME regulations. Mark "no" if the project is not a mixed-income project.
9. **Mixed-Use Project.** Mark "yes" for a project that is designated in part for uses other than residential but where residential living space must constitute at least 51 percent of the project space. Mark "no" if the project is not a mixed-use project.

## Part B: Financial Structure of Project.

1. **Type of Activity Financed.** Mark only one of the 5 available boxes for naming the project's HOME-assisted activity. Note: Even though the project may have HOME Tenant-Based Assistance activities, for the purposes of PART B, such activities will not be included.
  - (1) **Rehabilitation Only.** A HOME-assisted rehabilitation project that did not include acquisition of real property. Such projects may have involved (a) repairs or improvement of residential unit(s) to bring the unit(s) up to the property standards required by 24 CFR 92.251; (b) the reconfiguration of a structure to reduce the total units in order to increase the number of large family units, (c) the addition of a room or rooms (e.g., bedroom or bathroom) outside the existing walls for purposes of meeting occupancy or code standards and (d) the adding of a unit or units within the existing structure.
  - (2) **New Construction Only.** Any project that involved (a) the addition of units outside the existing walls of the structure and (b) the construction of a new residential unit(s). **Note:** When projects have combined new construction in one building(s) with rehabilitation activities in another building(s) on one parcel of land, the projects, by type of activity (i.e. rehabilitation or new construction), must be administratively set up as separate projects.
  - (3) **Acquisition Only.** Acquisition of a structure that received a certificate of occupancy at least 13 months before acquisition, which did not require rehabilitation and which is being used to provide affordable rental housing.
  - (4) **Acquisition and Rehabilitation.** A HOME-assisted rehabilitation project which included the acquisition of real property.
  - (5) **Acquisition and New Construction.** A HOME-assisted new construction project which included the acquisition of real property. This includes acquisition of a structure that has received an initial certificate of occupancy within a one-year period prior to acquisition.

**Project Costs.** Include all HOME funds used for the project and all other funds (public and private) with one exception. **Do not double count.** If private funds are used for construction financing and those funds are later replaced by permanent financing, **do not report both.** Report all HOME funds expended on the project. (**Note:** Federal regulations specifically prohibit paying back HOME funds with HOME funds.) For funds other than HOME, to the extent a choice must be made to avoid double counting, report permanent financing rather than construction financing. The total amount reported on line 6 of Part B should be the total cost of the project. The total amount of HOME funds reported in the block titled "Total HOME Funds (Total Items (1)-(5))" of Part B must equal the total amount disbursed by IDIS for this project.

1. **HOME Funds.** Include HOME program income on line 5 below titled "HOME Program Income" only. Do not include HOME program income in any of the following 5 HOME categories.
  - (1) **Direct Loan.** Enter the amount of HOME funds provided for this project in the form of a direct loan. Enter the loan's interest rate and amortization period. If there are multiple loans, enter the interest rate and term of the largest loan.
  - (2) **Grant.** Enter the amount of HOME funds provided without any repayment requirements. (**Note:** A grant may be used to reduce the principal amount borrowed, a principal reduction payment, or the effective interest rate, an interest subsidy payment, on a privately originated loan.)
  - (3) **Deferred Payment Loan (DPL).** Enter the amount of HOME funds provided through loans where payments of principal and interest is deferred until a future time and enter the interest rate and amortization period, if any. A DPL is some times called a conditional grant (e.g., repayment is required when the project for a specified number of years or repayment of principal and interest starts after the bank loan is repaid).

(4) **Community Housing Development Organization (CHDO) Loan.**

- (a) **Technical Assistance (TA) Loan.** Enter the amount of HOME funds provided as a CHDO TA loan for the project. Reference 24 CFR 92.301(a).
- (b) **Seed Money Loan.** Enter the amount of HOME funds provided as a CHDO seed loan for the project. Reference 24 CFR 92.301(b).

**Total CHDO Loan.** Enter the total of the amounts entered on cited on 4a and 4b.

- (5) **Other.** Enter the total amount of HOME funds provided for subsidy funding that is other than the type of loan/grant assistance identified in the above items listed as (1) through (4).

**Total HOME Funds.** Enter the total of items (1) through (5) as the amount of HOME funds expended for this project.

2. **Public Funds.** Enter in blocks (1) through (3) as the amount of public funds expended on this HOME-assisted project.

- (1) **Other Federal Funds.** Exclude any HOME funds expended on this project.
- (2) **State/Local Appropriated Funds.**
- (3) **State/Local Tax Exempt Bond Proceeds.**

**Total Public Funds.** Enter the total of items (1) through (3) as the amount of Public Funds expended on this project.

3. **Private Funds.**

- (1) **Private Loan funds.** Enter the amount of all of the costs for this project that have been paid with funds obtained from private financial institutions, such as banks, savings and loans, and credit unions, and enter the interest rate and amortization period of the loan. If there are multiple loans, enter the interest rate and term of the largest loan. (Do not double count.)
- (2) **Owner Cash Contributions.** Enter the amount of all cash contributions provided by the project owner.
- (3) **Net Syndication Proceeds.** Enter the net amount of syndication proceeds, excluding low-income tax credits, provided in financing this project.
- (4) **Private Grants.** Enter the amount of cash contributions provided by private organizations, foundations, donors, etc.

**Total Private Funds.** Enter the total of items (1) through (4) as the amount of Private Funds expended on this project.

4. **Low Income Tax Credit Syndication Proceeds.** Enter the total amount of syndicated Low Income Tax Credits provided to the financing of this project.

5. **HOME Program Income.** Enter the total amount of funds provided from HOME income. Note: Exclude all program income representing homeowner downpayment assistance, which is entered under PART C, Line 4, "HOME Program Income".

6. **Total Project Cost.** Enter the sum of all totals for HOME funds, Public funds, and Private funds and HOME Program Income. (Totals from the above items 1 through 4).

**Part C: Contractor and Project Activity Information.**

- (1) Contractor Name
- (2) Name and phone # of person completing this form and the date
- (3) Grantee Activity Number
- (4) Owner of Project's Name
- (5) Project Address
- (6) FHA insured project
- (7) Section 504 of the Rehabilitation Act of 1973

- (8) **Total Project Costs:** Funding codes and Descriptions are available on the HOME-3 form.

**Part D: Household Characteristics**

Complete one line for each unit assisted with HOME funds and enter one code only in each block. For projects which include multiple addresses, complete Part C for each address. For an unoccupied unit, enter unit number, number of bedrooms and total rent and 9 as instructed.

**Unit Number.** Enter the unit number of each unit assisted with HOME funds.

**Number of Bedrooms.** Enter 0 for single room occupancy (SRO) unit or for an efficiency unit, 1 for 1 bedroom, 2 for 2 bedrooms, 3 for 3 bedrooms, 4 for 4 bedrooms, and 5 for 5 or more bedrooms.

**Occupancy.** Enter 1 if the unit is occupied by a tenant, 2 if it is occupied by a homeowner, and 9 if it is vacant.

**Tenant in Project prior to the HOME assistance.** Enter 1, if the tenant was residing in the project prior to the HOME assistance. Enter 2, if the tenant was not residing in the project prior to the HOME assistance.

**Monthly Rent (Including Utilities)**

**Tenant Contribution.** Enter the actual rent to the nearest dollar, including utilities, paid by the tenant at the time of project completion. If the rent includes utilities, or if the rent includes partial utilities, e.g., heat, but not electricity, these utility costs must be added to the rent. Compute utility costs for the area, and in the case of partial utilities, compute costs for utilities excluded from the rent, by using the utility allowance schedule provided by the local Public Housing Authority (PHA) in accordance with form HUD-52667, Allowance for Tenant Furnished Utilities and Other Services.

**Subsidy Amount.** Enter the amount that the tenant receives as a rent subsidy payment (including any utility allowances paid directly to the tenant) to the nearest dollar. If the tenant does not receive a tenant subsidy payment, enter 0.

**Total Rent.** Enter the total monthly rent (tenant contribution plus subsidy amount).

**Income Data.**

**Monthly Gross Income.** Enter the monthly gross household income.

**Percent of Area Median Income.** For each occupied residential unit, enter one code only based on the following definitions:

- 1 - **0 - 30 Percent of Area Median** means a household whose adjusted income is at or below 30 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.
- 2 - **30 - 50 Percent of Area Median** means a household whose adjusted income exceeds 30 percent and does not exceed 50 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.
- 3 - **50 - 60 Percent of Area Median** means a household whose adjusted income exceeds 50 percent and does not exceed 60 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families.
- 4 - **60 - 80 Percent of Area Median** means a household whose adjusted income exceeds 60 percent and does not exceed 80 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families

**HOUSEHOLD DATA**

**Ethnicity/Race:** This information is confidential and is only for government reporting purposes to monitor compliance with equal opportunity laws. Please note that self-identification of race/ethnicity is voluntary.

**Hispanic Ethnicity – Head of Household:** If Hispanic origin, enter Y. If not of Hispanic origin, enter N.

**Race Head of Household:** For each occupied residential unit, enter one code only based on the following definitions:

09 - Vacant Unit. Self-Explanatory.

10 - Managers Unit. Self-Explanatory

11 - White. A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

12 - Black/African American. A person having origins in any of Black racial groups of Africa.

13 - Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent. This area includes, for example, China, India, Japan, and Korea.

14 - American Indian/Alaskan Native. A person having origins in any of the original peoples of the North American Continent, and who maintains cultural identification through tribal affiliations or community recognition.

15 - Native Hawaiian/Other Pacific Islander. A person having origins in any of the original peoples of the Pacific Islands. This area includes, for example, the Philippine Islands, Hawaii, and Samoa.

16 - American Indian/Alaskan Native & White. A person having origins in both American Indian/Alaskan Native and White Race categories.

17 - Asian & White. A person having origins in both Asian and White race categories.

18 - Black/African American & White. A person having origins in both Black/African American & White race categories.

19 - American Indian/Alaskan Native & Black/African American. A person having origins in both American Indian/Alaskan Native & Black/African American race categories.

20 - Other Multi-Racial. A person having origins in more than one of the race categories combined.

**Size of Household.** Enter the appropriate number of persons in the household: 1, 2, 3, 4, 5, 6, 7, or 8 or more persons (for households of more than 8, enter 8). Enter 9 for a vacant unit.

**Type of Household:** For each residential unit, enter one code only based on the following definitions:

1 - **Single/Non-Elderly.** One-person household in which the person is not elderly.

2 - **Elderly.** One or two person household with a person at least 62 years of age.

3 - **Related/Single Parent.** A single parent household with a dependent child or children (18 years of age or younger).

4 - **Related/Two Parent.** A two-parent household with a dependent child or children (18 years of age or younger).

5 - **Other.** Any household that is not included in the above 4 definitions, including two or more unrelated individuals.

9 - **Vacant Unit.** Self-explanatory.

**Rental Assistance.** Enter one code only to indicate the type of assistance, if any, being provided to the tenant.

1. **Section 8.** Tenants receiving Section 8 assistance through the Section 8 Certificate Program under 24 CFR part 882 or the Section Housing Voucher Program under 24 CDR part 887.

2. **HOME Tenant Based Rental Assistance.** Tenants receiving HOME tenant-based assistance.

3. **Other Assistance.** Tenants receiving rental assistance through other Federal, State or local rental assistance programs.

4. **No Assistance.** Self-explanatory.

9. **Vacant Unit.** Self-explanatory.

## **PROJECT COMPLETION REPORT**

### **TIPS FOR COMPLETING FORMS**

The following are tips to help you complete required HCD forms. There are some changes in the way forms are completed due to the transition from the old Federal CMI system to the new IDIS system in November 1999. You may obtain any HOME forms (HOME-3, HOME-4, HOME-5, HOME-6, HOME-7, HOME-8, HOME-9, HOME-10-, and HOME-11) on our website at <http://www.hcd.ca.gov/ca/home/fiscalindex.html>, or from your State HOME Program Representative. HUD forms for project set up and completion have been discontinued and should no longer be used (HUD 40094, HUD 40095, HUD 40096, HUD 40096M, and HUD 40097). Contact your State HOME Program Representative if you have any additional questions.

1. The instructions for completing all HOME Forms are part of the form itself and are included in the appropriate Appendix with each form.
2. **HOME Project Completion Reports (Original Submission):** This form is used to complete your projects in IDIS. Write the State Standard Agreement number under which you are setting up the project in the upper right-hand corner of the form (e.g. 98-HOME-0234). This number can be found in the top right-hand corner of your State Standard Agreement (Std.2). You will receive a copy of your Project Completion Report after the HOME Program Fiscal Unit processes it.
3. **HOME Project Completion Reports (Revision):** This form is used to make changes to projects already completed in IDIS. Due to the transition from the old Federal CMI system to the new IDIS system, HCD and HUD have changed numbering systems.
  - a. If your project was set up in CMI (prior to 11/9/99), write the State Standard Agreement number, including the two-digit Project Suffix of the project you are revising in the upper right-hand corner of the form (e.g. 98-HOME-0234-01). This number can be found on either your copy of the Original Submission of the HOME Project Completion forms. Also, enter the CMI system generated 10-digit project number in Part A, Box 1 (e.g. 1234567890). This number can be found in Part A, Box 1 of the Original Submission of the HOME Completion Report Form. A copy of this form was mailed to you by the State after your Project Completion Report was processed.



**PROJECT COMPLETION REPORT**

- b. If your Project was set up in IDIS (after 11/9/99) write the Grantee Activity Number in the upper right-hand corner of the form (e.g. M980234-01). Also, enter the HUD Activity Number in Part A. Box 1 of the HUD Set-Up Report (e.g. 5236). These numbers can be found on your copy of the original submission of the Project Completion report.
4. **HCD Addendum to Project Completion Report (HOME-6, 03/03):** This is not longer used. The information collected on this form is now collected on the individual Project Completion Reports (HOME-9, HOME-10 and HOME-11).
5. Project Completion Report does not include revised Project funding sources when a revision has occurred to the other funding sources. Current Codes can be found on the HOME-3 at Appendix I-D-5.

**REFERENCES**

State HOME Regulations Sections 8200 thru 8220 provide that the Contractor shall comply with any terms and conditions which are necessary to comply with the HOME Investment Partnerships Program federal regulations (24 CFR Part 92).

OMB Management Circular A-87 establishes principles and standards for determining costs applicable to grants, contracts and other agreements with State and local governments.

OMB Management Circular A-84 promulgates standards for obtaining consistency and uniformity among federal agencies in the administration of grants to, and other agreements with, public and private institutions of higher education, public and private hospitals, and other quasi-public and private nonprofit organizations. This circular does not apply to grants, contracts, or other agreements between the federal government and units of State or local governments covered by OMB Circular A-87.

**PROJECT COMPLETION REPORT**

OMB Management Circular A-122 establishes principles for determining costs of grants, contracts and other agreements with nonprofit organizations. It does not apply to colleges and universities, which are covered by Circular A-21; State, local, and Federally recognized Indian tribal governments, which are covered by OMB Circular A-87; or hospitals. The principles are designed to provide that the federal government bears its fair share of costs except where restricted or prohibited by law. The principles do not attempt to prescribe the extent of cost sharing or matching on grants, contracts, or other agreements. However, such cost sharing or matching shall not be accomplished through arbitrary limitations on individual cost elements by federal agencies. Provisions for profit or other increment above cost is outside the scope of this Circular.

OMB Management Circular A-133 provides policy guidance to federal agencies for establishing uniform requirements for audits of awards provided to institutions of higher education and other nonprofit organizations. It promotes the efficient and effective use of audit services.

HOME Investment Partnerships Program Federal Regulations (24 CFR Part 92) provide the operating and implementing HOME Program regulations.

## REQUIRED RECORD KEEPING AND FILES

### SUMMARY OF KEY HOMEBUYER RULES AND HOW TO DOCUMENT

Subject	Eligible Participants	Documentation
Income Eligibility	<input type="checkbox"/> Annual gross income $\leq$ 80% of area median income. <input type="checkbox"/> Eligibility is based on anticipated income during the next 12 months. <input type="checkbox"/> Income is defined by Section 8 annual income.	<input type="checkbox"/> Completed application in project file. <input type="checkbox"/> Source documentation (wage statements, interest statements, etc.) in project file.
Occupancy	<input type="checkbox"/> Applicant must purchase property and maintain it as his/her principal residence.	<input type="checkbox"/> Client must sign a clause on the application form certifying that the property is the principal residence.
Ownership of Property	<input type="checkbox"/> Applicant must obtain ownership of the property through: <ul style="list-style-type: none"> <li>&gt; fee simple title;</li> <li>&gt; 99-year leasehold interest</li> </ul>	<input type="checkbox"/> Title search documentation in project file. <input type="checkbox"/> Copy of deed or other ownership document in the project file.

Subject	Eligible Property	Documentation
Property Type	<input type="checkbox"/> Eligible property types include: > one- to four-unit property; > condominium unit; and > manufactured or mobile home	<input type="checkbox"/> If property has 2-4 units, indicate status of non-owner-occupied units in the application. <input type="checkbox"/> If non-owner units were assisted with HOME funds, provide agreement with homeowner regarding rental requirements and reference to the property's rental monitoring file.
Property Location	<input type="checkbox"/> Property must be located within geographic area of the State Recipient. If county is applicant, property must be located in unincorporated area of county.	<input type="checkbox"/> Application should show address.
HOME Minimum and Maximum Investment	<input type="checkbox"/> An average of a <u>minimum</u> of \$1,000 in HOME funds must be invested in each assisted unit. <input type="checkbox"/> The <u>maximum</u> HOME assistance per unit is the 221(d)(3) subsidy limits, published by HUD. <b>These subsidy limits are included as Appendix X.</b>	<input type="checkbox"/> Maintain records in project file demonstrating that the average per-unit HOME investment is at least \$1,000. <input type="checkbox"/> Maintain project records indicating total HOME subsidy did not exceed 221(d)(3) limits.
Property Value	<input type="checkbox"/> Acquisition only: Property sales price must not exceed 95% of the area median purchase price for that type of housing. <input type="checkbox"/> Acquisition & Rehabilitation: Value of property after rehabilitation may not exceed 95% of the area median purchase price for that type of housing. <u>To determine the area median purchase price:</u> > Use 203(b) limits (Appendix x) <b>or</b> > Establish local limits and obtain HUD approval.	<input type="checkbox"/> If using local purchase price limits, document data used to determine limits as well as evidence of HUD approval in program files. <input type="checkbox"/> Acquisition & Rehabilitation: Document method for determining after-rehabilitation value in the project file. Acceptable methods include: 1) an appraisal performed by a licensed fee appraiser; <b>or</b> 2) a tax assessment of a comparable, stand-alone property, if current and computed for 100% of the after-rehabilitation value. <input type="checkbox"/> Copy of sales price or value estimate in project file.
Property Standards	<input type="checkbox"/> <u>If acquisition only</u> , property must meet either local codes/standards or Section 8 Housing Quality Standards (HQS). <input type="checkbox"/> <u>If acquisition and rehabilitation</u> , property must be free of safety and health hazards prior to occupancy or within 6 months of property transfer, whichever is sooner. <input type="checkbox"/> <u>Also, if rehabilitation</u> , property must meet applicable codes (local codes / standards or one of 3 nationally accepted codes) within 2 years of transfer. <input type="checkbox"/> <u>New construction</u> must meet local codes/standards or one of the nationally accepted codes and the Model Energy Code.	<input type="checkbox"/> Document local code or model code used in program files. <input type="checkbox"/> Maintain written rehabilitation standards in program files. <input type="checkbox"/> Include inspection report or certification by inspector in project file. <input type="checkbox"/> Keep inspection checklist and work write-up in project file. <input type="checkbox"/> Checklist indicating compliance with Model Energy Code requirements for new construction projects in project file.
Eligible Activities	<input type="checkbox"/> Acquisition, new construction, and acquisition and rehabilitation	<input type="checkbox"/> Document all expenditures.

## REQUIRED RECORD KEEPING AND FILES

### SUMMARY OF KEY HOMEOWNER REHABILITATION RULES AND HOW TO DOCUMENT

Subject	Eligible Participants	Documentation
Income Eligibility	<input type="checkbox"/> Annual gross income $\leq$ 80% of area median  <input type="checkbox"/> Eligibility is based on anticipated income during the next 12 months.  <input type="checkbox"/> Income is defined by Section 8 annual income	<input type="checkbox"/> Completed application in project file  <input type="checkbox"/> Source documentation (wage statements, interest statements, etc.) in project file
Occupancy	<input type="checkbox"/> Applicant must occupy unit as his/her principal residence.	<input type="checkbox"/> Applicant must sign a clause on the application form certifying that the property is the principal residence.
Ownership of Property	<input type="checkbox"/> Applicant must have ownership of the property through:  > fee simple title;  > 99-year leasehold interest	<input type="checkbox"/> Title search documentation in project file  <input type="checkbox"/> Copy of deed or other ownership document in the project file

Subject	Eligible Property	Documentation
Property Type	<input type="checkbox"/> Eligible property types include: <ul style="list-style-type: none"> <li>&gt; one-to-four-unit property;</li> <li>&gt; condominium unit; and</li> <li>&gt; manufactured or mobile home</li> </ul>	<input type="checkbox"/> If property is 2-4 units, indicate status of non-owner-occupied units in the application. <input type="checkbox"/> If non-owner units were assisted with HOME funds, provide agreement with homeowner regarding rental requirements and reference to the property's rental monitoring file.
Property Location	<input type="checkbox"/> Property must be located within geographic area of the State Recipient. If county is applicant, property must be in unincorporated area of county.	<input type="checkbox"/> Application should show address.
HOME Minimum and Maximum Thresholds	<input type="checkbox"/> A <u>minimum</u> of \$1,000 in HOME funds must be invested in each assisted unit. <input type="checkbox"/> The <u>maximum</u> HOME assistance per unit is the 221(d)(3) subsidy limits, published by HUD. <b>These subsidy limits are included as Appendix X.</b>	<input type="checkbox"/> Maintain records in project file demonstrating that the per-unit HOME investment was at least \$1,000. <input type="checkbox"/> Maintain records in the project file indicating total HOME subsidy did not exceed the 221(d)(3) limits.
Property Value	<input type="checkbox"/> Value of property after rehabilitation may not exceed 95% of the area median purchase price for that type of housing. <u>To determine the area median purchase price:</u> <ul style="list-style-type: none"> <li>&gt; Use 203(b) limits (Appendix x) <b>or</b></li> <li>&gt; Establish local limits and obtain HUD approval.</li> </ul>	<input type="checkbox"/> If using local value limits, document data used to determine limits as well as evidence of HUD approval in program files. <input type="checkbox"/> Document method for determining after-rehabilitation value in the project file. Acceptable methods include: <ul style="list-style-type: none"> <li>1) an appraisal performed by a licensed fee appraiser; <b>or</b></li> <li>2) a tax assessment of a comparable, standard property, if current and computed for 100% of the after-rehabilitation value.</li> </ul> <input type="checkbox"/> Copy of value estimate in project file.
Property Standards	<input type="checkbox"/> Property must meet applicable codes: <ul style="list-style-type: none"> <li>► local codes, rehabilitation standards, ordinances, and zoning ordinances</li> </ul> <u>or, in absence of a local code-</u> <ul style="list-style-type: none"> <li>► one of 3 nationally accepted codes/standards:               <ul style="list-style-type: none"> <li>1) Uniform Building Code</li> <li>2) National Building Code</li> <li>3) Standard Building Code</li> </ul> </li> </ul>	<input type="checkbox"/> Document local code or model code used in program files. <input type="checkbox"/> Maintain written rehabilitation standards in program files. <input type="checkbox"/> Include inspection report or certification by inspector in project file. <input type="checkbox"/> Keep inspection checklist and work write-up in project file.
Eligible Activities	<input type="checkbox"/> Rehabilitation, Reconstruction	<input type="checkbox"/> Document all expenditures.

## AFFIRMATIVE MARKETING / FAIR HOUSING REPORT (Modified for Long Term Monitoring Use Only)

This report is to be used for CHDO and State Recipient rental projects with five or more housing units.

As required by the federal HOME regulations, information must be collected not only at the time of initial occupancy, but as an ongoing affirmative marketing activity.

Up-to-date records of the race, ethnicity, gender, disability, and age must be maintained on file to demonstrate that the project does not discriminate against any protected class:

1. Residents of the community *(based on census data, surveys)*
2. Applicants
3. Project residents *(to verify selections were without regard to race, color, national origin, sex, religion, familial status or disability)*
4. Rejected applicants
5. Annual analysis *demonstrating that the HOME-assisted housing is provided to all people regardless of their protected class status (e.g., if a community is 50% Hispanic, then 50% of a project's residents would likely be Hispanic).*
6. Written Tenant Selection procedures *that demonstrate tenants are selected according to objective measures (e.g., income eligibility, credit checks, household size).*

Additionally, CHDOs and SRs are required to practice the following affirmative marketing procedures in marketing the project and provide documentation in an "affirmative marketing" file to demonstrate that it was done.

1. *Advertisements placed in newspapers with the broadest possible circulation, including foreign language newspapers in areas with a high percentage of non-English speaking residents. (The purpose of marketing procedures is to attract eligible persons without regard to race, color, national origin, sex, religion, familial status or disability.)*
2. *Place the fair housing logo on all advertisements and marketing materials.*
3. *Prominently display fair housing posters at rental offices.*

**New Race / Ethnicity categories:** Under OMB 1997 standards, "Hispanic" is not a race category, but an ethnic category that cuts across all races. Those who are White, Black, Asian, Pacific Islander, or a multi-race may also be counted as being of Hispanic ethnicity. When asking the individual / household to select a race category, the individual / household must also check whether they are of Hispanic ethnicity. One of the 10 race categories must always be selected. There are no other ethnicity categories besides Hispanic / Latino. Self-identification of race / ethnicity is voluntary.

Revised standards for collecting federal data on race / ethnicity, among other things, require that an individual / household be offered the opportunity to select one or more race categories for federal data collection purposes.

In addition, all existing record or reporting forms must be revised to conform to these standards no later than January 1, 2003.

<b>HOME – Long-Term Monitoring</b>	<b>AFFIRMATIVE MKTG/ FAIR HOUSING</b>
Monitor(s):	
Date:	SR/CHDO:
Contract Number:	Administering Agency:
Project Name:	Contact Person:
Address:	Tel #:
Total # Units in Project:	# of HOME-assisted units:

**HUD required implementation of data collection based on new race / ethnicity categories by  
December 31, 2002.**

<b><u>New Race Categories:</u></b>	<b><u>New Ethnicity Category:</u></b>
<b><u>Single Race:</u></b> American Indian or Alaskan Native; Asian; Black or African American; Native Hawaiian or Other Pacific Islander; White;  <b>Other</b>  <b><u>Two or More Races:</u></b> American Indian or Alaska Native <b>and</b> White; Asian <b>and</b> White; Black or African American <b>and</b> White; American Indian or Alaska Native <b>and</b> Black or African American	<b><u>Hispanic or Latino</u></b> Mexican / Chicano Puerto Rican Cuban Other Hispanic/Latino

**I. Census/Occupancy Data**

**Project City:** \_\_\_\_\_

**Project County:** \_\_\_\_\_

**Total Population Estimate in 2000 Census for City or County:** \_\_\_\_\_

2000 Census Data								
Ethnicity		Single Race Category					Other	Multiple
Hispanic	Non-Hispanic	American Indian / Alaskan N.	Asian	Black / African American	Native Hawaiian/ Pacific Isle	White	Other	Two or More Races
#								
%								



**II. Waiting List (enter number & percentage)**

<b>Applicants</b>								
<b>Ethnicity</b>		<b>Single Race Category</b>					<b>Other</b>	<b>Multiple</b>
Hispanic	Non-Hispanic	American Indian / Alaskan N.	Asian	Black / African American	Native Hawaiian/ Pacific Isle	White	Other	Two or More Races
#								
%								

**III. Occupancy (enter number & percentage)**

<b>Tenants</b>								
<b>Ethnicity</b>		<b>Single Race Category</b>					<b>Other</b>	<b>Multiple</b>
Hispanic	Non-Hispanic	American Indian / Alaskan N.	Asian	Black / African American	Native Hawaiian/ Pacific Isle	White	Other	Two or More Races
#								
%								

Are minorities dispersed throughout the development? ( ) Yes ( ) No

**IV. Rejected Applicants**

<b>Rejected Applicants</b>								
<b>Ethnicity</b>		<b>Single Race Category</b>					<b>Other</b>	<b>Multiple</b>
Hispanic	Non-Hispanic	American Indian / Alaskan N.	Asian	Black / African American	Native Hawaiian/ Pacific Isle	White	Other	Two or More Races
#								
%								

**Reasons for Rejections:**

<b>Race:</b>	<b>Number:</b>	<b>Reason for Rejection:</b>

<b>Ethnicity:</b>		

## V. General

- A. Is there an Equal Opportunity Fair Housing Poster prominently displayed in the CHDO / State Recipient Office? \_\_\_\_\_ Comments:

Is there a poster displayed at the project site? ( ) Yes ( ) No ( ) N/A

- 
- B. Is there a copy of the approved affirmative marketing plan in the CHDO / State Recipient office and wherever prospective tenants may apply for rental housing?

\_\_\_\_\_

Comments:

- 
- C. Are the community contacts being employed per the CHDO's / State Recipient's commitment as outlined in the marketing program? \_\_\_\_\_

Comments:

- 
- D. Are newspaper, radio, television, brochures, and site signs in compliance with advertising guidelines? \_\_\_\_\_ Comments:

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## VI. Billboards/Signs

- A. Is an outdoor sign located on-site? ( ) Yes ( ) No ( ) N/A

- B. Is the Equal Opportunity logotype properly included? ( ) Yes ( ) No ( ) N/A

- C. If human models were used in brochures, did they reasonably represent both majority and minority races? ( ) Yes ( ) No ( ) N/A

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## VII. Training

- A. Does the CHDO / State Recipient instruct the property management staff regarding fair housing laws and the approved Affirmative Fair Housing Marketing Plan?  
( ) Yes ( ) No

Comments:

- B. When was the instruction given?

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## VIII. Record-keeping and Reporting

- A. Does the CHDO / State Recipient maintain data by race / ethnicity and gender of persons applying for rental housing? ( ) Yes ( ) No
- B. Does the CHDO / State Recipient maintain data on the race / ethnicity composition of the tenant population? ( ) Yes ( ) No
- C. Does the CHDO / State Recipient prepare a written assessment of the above data annually? ( ) Yes ( ) No

**If Yes**, attach a copy of your last annual report.

**If No**, why not?

**I certify that the above information is true and accurate.**

By:

---

Printed Name

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Title

---

Signature

---

Date signed